



County Borough of Great Yarmouth

REPORT

of

**The Medical Officer
of Health**

The Port Medical Officer

and

The Principal School

Medical Officer

for the Year

1966



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HEALTH COMMITTEE

1966 - 1967

The Mayor :

Alderman F. H. STONE

Chairman :

Councillor E. J. BARNES

Vice-Chairman :

Alderman L. F. BUNNEWELL

Members :

Alderman Mrs. K. M. ADLINGTON, J.P.

Councillor R. P. BEAN

Councillor A. I. BURRELL

Councillor E. CANHAM

Councillor A. W. CANNELL

Councillor Mrs. E. V. FLEET, J.P.

Councillor R. H. PENNEY

Councillor A. E. POWELL

Councillor Mrs. F. M. PALMER

Councillor R. G. RIVETT

Councillor G. W. RODWELL

INTRODUCTION

Health Department,
Municipal Offices,
Hall Plain,
Great Yarmouth.

(Telephone : Great Yarmouth 3233).

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE
COUNTY BOROUGH OF GREAT YARMOUTH

YOUR WORSHIP, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the work of the department and on the health of the town for the year 1966.

The number of births in the year fell by 104 from last year's figure and the estimated mid-year population of 52,420 was 280 less, the lowest estimate since 1960. The statistics of infant mortality and neonatal mortality in the town are, over a period of years, more favourable than the national figures, but this year they are less favourable. In a town of this size statistics show considerable swings as compared with the more stable national figures and occasional unfavourable years are to be expected.

SCABIES.

A remarkable occurrence in the year was the re-appearance of scabies as a prevalent condition in the town. This is a skin disease caused by the itch mite (*sarcoptes scabii*) which burrows into the skin of the victim. It is spread from person to person by close physical contact and is commonly (although not always) associated with lack of personal cleanliness. This latter feature probably accounts for outbreaks which occurred in both world wars. Bedding and clothing which were once thought to be important as a cause of spread are now known to play such a minor part that they can in practice be ignored.

Since the last outbreak subsided in 1949 only occasional cases have occurred in the town and the cleansing units provided at both clinics were very little used. Towards the end of the year, however, evidence was accumulating that the disease was increasing and almost simultaneously reports of increases in other parts of the country appeared in the medical press. The disease is not notifiable so that it is not possible to state the number of people who were infested.

All general practitioners in the town were informed by letter of the outbreak and reminded of the treatment facilities available at the clinics. As the outbreak continued to spread, a further letter was sent detailing the treatment advised by the Consultant Dermatologist and stressing the importance of treating all the family at the same time.

Why the disease should re-appear in epidemic form is a matter for speculation. Some postulate that there may be an immunity to the disease which was boosted in the community by the last outbreak ^{and} which

is now waning; others that there is a life cycle in the mite which accounts for its fluctuating activity. There is, however, one further speculation which is difficult to resist. The disease is most prevalent in the 16 to 30 age group, is spread by close physical contact and is associated with uncleanliness. Could it be that the itch mite finds life easier and more fruitful in our society which has earned the epithet "permissive" and which includes many who seem to believe that to be unwashed is to be (in their jargon) "with it"?

TUBERCULOSIS.

Progress in the control of this once dread disease continued. Although the Mobile Radiography Unit visited the town there were only seven notifications of pulmonary tuberculosis. There were none of non-pulmonary tuberculosis and there were no deaths from the disease. Reports from some other parts of the country are not, however, so favourable and the disease could re-assert itself here unless everyone concerned co-operates in the scheme of control. In this connection it is to be noted that over 10% of parents fail to give consent for the skin testing and B.C.G. vaccination which is offered to all school children at the age of 13. It may be of significance that of the three new cases of tuberculosis aged between 20 and 23, two had not participated in the scheme although they had been eligible for it.

SPEECH DEFECTS AND THE EMPLOYMENT OF MOTHERS.

There has been over the years a gradual increase in the number of children requiring speech therapy and the increase is confined to the category of defective articulation. The Speech Therapist suggests that a possible contributory cause is that, because of social and economic pressures, more mothers are going out to work and therefore spend less time with their children. The development of speech in infants is closely bound up with the mother-child relationship. Some children have by nature more difficulty in learning the speech skill than others and unless they are given ample opportunities of hearing their mothers speak and of responding to them they are liable to carry their difficulties in articulation on to school age. In the past the Therapist has often been able to advise on the correct management of the speech problem and the mother has been able to do excellent work at home, but if she has to add an outside job to her domestic chores there is little time for stimulation of speech and language. The practical effort on the service is two-fold; more children are being referred for therapy and more of these require intensive and prolonged therapy instead of merely parental supervision.

CO-ORDINATION.

The Ministry of Health have asked that the report should give information on "the co-ordination and co-operation of the Health Department's Services with the hospital and family doctor services".

In a town of this size these present very little of a problem and a satisfactory degree of co-operation is reached without formal attachment of domiciliary staff to general practitioners. Fuller information on the means of liaison between the services is contained in the appropriate sections of the report.

STAFF.

There were two notable retirements during the year. Miss Gillings was one of the original District Nurses who transferred from the voluntary District Nursing Association to the local authority when responsibility for that Service was taken over in 1948. She was a devoted nurse and the people of Southtown and Cobholm will long remember the quiet unobtrusive way she went about her work and the high professional standards she maintained.

Mrs. Kleppe was also a stalwart of the department. She joined the Midwifery Service of the department in 1943 and throughout her service maintained the highest standards, sometimes under great difficulties. Many of the mothers, and indeed the fathers, of the town were most appreciative of her good work.

ACKNOWLEDGEMENTS.

I am again most grateful to the Council, particularly to the Chairman and members of the Health Committee, for their continued encouragement and support.

I am, Your Worship, Ladies and Gentlemen,

Your obedient servant,

K. J. GRANT,

Medical Officer of Health.

COUNTY BOROUGH OF GREAT YARMOUTH

STAFF OF THE HEALTH DEPARTMENT

1966

Medical Officer of Health

K. J. GRANT, O.B.E., M.A., M.B., CH.B., D.P.H

Deputy Medical Officer of Health

R. G. NEWBERRY, M.B., B.S., D.P.H

Senior Assistant Medical Officer of Health

M. R. McCLINTOCK, M.R.C.S., M.R.C.O.G.

Assistant Medical Officer of Health

C. R. COUPLAND, M.B., CH.B., D.R.C.O.G. (part-time) (to 31.3.66)

Senior Dental Officer

B. C. CLAY, L.D.S., R.C.S.

Assistant Dental Officer

K. L. HARRIES, L.D.S., R.F.P.S.

Chest Physician (Part-time)

I. M. YOUNG, M.B., CH.B.

Public Analyst (Part-time)

E. C. WOOD, PH.D., A.R.C.S., F.R.I.C.

Chief Public Health Inspector

***†F. T. PORTER**

Deputy Chief Public Health Inspector

***†R. COLEMAN**

District Public Health Inspectors

***L. V. BAILEY**

***T. L. ARMITT**

***K. STEELE (to 31.7.66)**

***†B. D. WILDMAN**

*Certificate of the Royal Sanitary Institute and
Sanitary Inspectors' Examination Joint Board.

†Certificate of the Royal Sanitary Institute for
Inspector of Meat and Other Foods.

Pests Officer

A. O. SCOTT

Chiropodist

G. W. GILCHRIST, M.Ch.S., S.R.Ch.

Superintendent Nursing Officer
MISS G. C. MOORE,
S.R.N., S.C.M., Q.N., H.V.CERT., P.H.NSG. ADMIN. CERT. (R.C.N.)

Senior Midwife
MRS. W. DONALDSON, S.R.N., S.C.M.

Midwives
MRS. L. BIRD, S.C.M. (from 7.3.66)
MRS. A. KLEPPE, S.C.M. (to 2.9.66)
MRS. L. WILLIAMSON, SCM (from 14.11.66)
MRS. M. E. CATON, S.E.N., S.C.M.
MRS. C. THOMSON, S.C.M.
MRS. H. M. KEITH, S.E.N., S.C.M.
MRS. W. GREEN, S.R.N., S.C.M.
MRS. J. H. MOLLOY, S.C.M.

Health Visitors
MISS M. WHITMORE, S.R.N., S.C.M., H.V.CERT.
MISS D. M. CHASE, S.R.N., S.C.M., H.V.CERT.
MRS. B. I. EVERITT, S.R.N., S.C.M., M.T.D., H.V.CERT.
MRS. J. M. RUSSEL, S.R.N., S.C.M., H.V.CERT.
MRS. P. YATES, S.R.N., S.C.M., H.V.CERT. (to 30.9.66)
MRS. T. G. WRIGHT, S.R.N., H.V.CERT.
MISS D. K. WALTON, S.R.N., S.C.M., H.V.CERT.

Tuberculosis Health Visitor (Part-time)
MISS R. V. STILES, S.R.N., H.V.CERT.

Senior Nurse
MRS. M. E. GARDINER, S.R.N., Q.N.

Home Nurses
MISS N. BISHOP, S.E.N.
MRS. K. ELLIS-SMITH, S.E.N.
MISS I. GILLINGS, S.E.N. (to 31.10.66)
MRS. C. E. GOMPERTZ, S.R.N.
MRS. E. M. PUGH, S.R.N., Q.N.
MRS. I. COOKE, S.R.N., Q.N.
MRS. P. R. BROWN, S.R.N., Q.N.
MRS. S. J. REED, S.R.N., Q.N. (to 30.11.66)
MRS. M. E. HEAD, S.R.N. (from 1.11.66)

Mental Welfare Officers
MISS A. BENSON
G. E. SKIPPER (part-time)
J. WOODCOCK (part-time)
B. HODGSON (part-time) (from 5.7.66)

Assistant Domestic Help Organiser
MISS B. J. PAGE

Ambulance Officer
J. DERRY

Chief Clerk
A. G. SHOOBRIDGE

STATISTICS

Population—Census 1961	...	...	...	52,970
Population—1966 (estimated by Registrar-General, mid-year)				52,420
Area of the Borough including all inland waters (acres)	...			4,533
Area of land not covered by water (acres)	...	...	...	3,689
No. of persons per acre	...	...	...	14.4
Rateable value (1st April 1966)	...	...	...	£2,299,012
Product of a penny rate 1966-7	...	...	...	£9,442

* * *

Live Births.		Males	Females	Total
Legitimate	...	318	295	613
Illegitimate	...	48	49	97
		366	344	710

Crude live birth rate per 1,000 population	...	...	13.54
Adjusted birth rate (area comparability factor 1.08)	...	...	14.62
Illegitimate live births per cent of total live births	...	...	13.66
Stillbirths :—			
Number	...	...	16
Rate per 1,000 total live and still births	...	...	22.03
Total live and stillbirths	...	...	726
Infant deaths (deaths under 1 year)	...	...	20
Infant mortality rates :—			
Total infant deaths per 1,000 total live births	...	...	28.17
Legitimate infant deaths per 1,000 legitimate live births	...	...	24.47
Illegitimate infant deaths per 1,000 illegitimate live births	...	...	51.55
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	...	...	21.13
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	...	...	18.31
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	...	...	39.94
Maternal mortality (including abortion) :—			
Number of deaths	...	...	1
Rate per 1,000 total live and stillbirths	...	...	1.38

* * *

		Males	Females	Total
Deaths	...	383	341	724
Crude death rate per 1,000 population	...	...	...	13.81
Adjusted death rate (area comparability factor 0.81)	...	...	...	11.19

METEOROLOGY

The early months of the year were generally very cold with periods of frost relieved by milder conditions. Towards the end of April and during May and June the weather was generally warm with good sunny periods. However, these conditions did not continue throughout the summer, although there was more sunshine than last year and temperatures were higher.

The last three months were much wetter than usual with the rainfall well above the average for the period.

The following table is based on statistics included in the Registrar-General's weekly returns for England and Wales, and gives particulars of the weather observed at the Gorleston Meteorological Station.

Month	Temperature of the Air				Rainfall in inches	Sunshine	
	Highest °F	Lowest °F	Mean Maximum °F	Mean Minimum °F		Mean Daily hours	Mean length of day hours
January	52	28	39.8	34.4	1.3	0.9	8.1
February	56	31	45.2	38.4	2.4	1.2	9.6
March	56	30	49.6	38.3	0.3	4.0	11.5
April	63	31	48.7	40.6	2.4	3.3	13.6
May	67	42	57.8	46.9	0.9	6.5	15.6
June	77	46	63.4	53.4	2.0	6.9	16.6
July	76	45	64.8	53.7	3.3	5.7	16.4
August	76	45	66.0	53.8	1.4	7.2	14.9
September	73	44	65.8	54.1	1.3	5.8	13.0
October	66	41	58.4	51.7	4.6	2.4	10.9
November	57	31	48.2	41.9	4.5	1.6	8.9
December	54	25	44.5	37.1	2.9	1.3	7.7

POPULATION

The estimated mid-year population as given by the Registrar-General was 52,420. This was 280 less than the figure for the previous year, and is the lowest estimate since 1960. The number of deaths exceeded the number of births by 14 so that there was no natural increase in the population. This situation was caused by the low number of births and not by an increased number of deaths. It last occurred in 1951.

MARRIAGES

There were 476 marriages registered during the year, an increase of 5 on last year's figure.

BIRTHS

LIVE BIRTHS.

Registered live births showed a decrease from 814 in 1965 to 710 in 1966. Of these, 366 were males and 344 females. The total resulted in an adjusted birth rate of 14.6 per thousand population. The provisional national rate of 17.7 per thousand population is the lowest since 1961. Ninety-seven of the births were illegitimate, five more than last year and this gives an illegitimacy rate of 136 per thousand live births. The provisional national rate was 79.

STILLBIRTHS.

Although the birth rate was low, the number of stillbirths was relatively high at 16. This was double last year's figure and produced a rate of 22.0 per 1,000 total live and stillbirths, which was the highest rate since 1958. The national figure was 15.4. Ten of the stillbirths occurred in hospital.

DOMICILIARY BIRTHS.

The percentage of births which took place at home fell from 56 last year to 47 this year. (These percentages are derived from the figures for notified births which differ slightly from those for registered births). The fall is probably related to the bigger turnover of patients in the hospital made possible by the practice of discharging some patients on the third day after delivery. The percentage is still well above the national figure which for the year 1965 was 30%.

MORTALITY

The number of deaths attributable to the Borough after adjustment for inward and outward transfers was 724 (383 males and 341 females). This was 28 less than in 1965 and resulted in an adjusted rate of 11.2 per 1,000 population. The rate for England and Wales was 11.7. All these rates are very similar to those recorded for 1964 and 1965.

A table giving particulars of the causes of death in age groups is shown on page 13. This table uses the international categories adopted by the Registrar-General. The following table gives the numbers of death for each sex and the percentage of deaths at various age groups :—

Sex Incidence and Percentage of Deaths in Age Groups

	Males	Females	Total	% of total
Under 1 year	10	10	20	2.6
1 and under 5	—	—	—	—
5 and under 15	1	2	3	0.4
15 and under 25	4	5	9	1.3
25 and under 35	2	3	5	0.7
35 and under 45	6	6	12	1.6
45 and under 55	23	15	38	5.3
55 and under 65	66	28	94	13.0
65 and under 75	111	79	190	26.3
75 and over	160	193	353	48.8
Total 1966	383	341	724	

The main causes of death again followed the same pattern as previous years with heart disease, cancer and vascular lesions of the nervous system accounting for about 70% of the total. There were 128 deaths from all forms of cancer, which was 32 less than last year. Deaths due to cancer of the lung or bronchus were 11 fewer than last year, but cancer of the breast increased from 8 to 15 over the same period.

Statistical information relating to the three main causes of death during 1965 and 1966 are shown in the following table:—

Cause of death	1966			1965		
	Number of deaths	Rate per 1,000 population	Percentage of total deaths	Number of deaths	Rate per 1,000 population	Percentage of total deaths
Heart disease—						
all forms	276	5.26	38.12	274	5.19	36.43
Cancer—						
all forms	128	2.44	17.68	160	3.03	21.27
Vascular lesions of central nervous system						
	91	1.73	12.57	98	1.86	13.03

INFANT MORTALITY.

There were 20 deaths (10 males and 10 females) of infants under the age of one year. Although there were only 3 more deaths than last

year, there were over 100 fewer live births and the rate of 28.2 per 1,000 live births was the highest for ten years. All but one of the deaths occurred in hospital. The provisional rate for England and Wales was 19.0 per 1,000 live births.

NEONATAL MORTALITY.

Of the 20 infant deaths mentioned above, 15 were under the age of 4 weeks. This resulted in a neonatal mortality rate of 21.1 per 1,000 live births. The national rate of 12.9 was the lowest ever recorded.

PERINATAL MORTALITY.

This term is used to describe the combination of stillbirths with deaths occurring during the first week of life. There were 13 deaths (all except 2 of the 15 referred to in the neonatal section) and these, together with 16 stillbirths, gave a perinatal mortality rate of 39.9 per 1,000 total live and stillbirths. This rate was last exceeded in 1956. The national rate was 26.3.

MATERNAL MORTALITY

One death occurred in this group and the rate per 1,000 total live and stillbirths was 1.38.

VITAL STATISTICS

GREAT YARMOUTH COMPARED WITH ENGLAND AND WALES

Year	Population	LIVE BIRTHS			DEATHS			INFANT MORTALITY			NEO-NATAL MORTALITY			STILLBIRTHS			PERINATAL MORTALITY		
		Number	Rate per 1,000 population	Number	Rate per 1,000 population	Number	Rate per 1,000 live births	Number	Rate per 1,000 live births	Number	Rate per 1,000 total live and stillbirths	Number	Rate per 1,000 total live and stillbirths	Number	Rate per 1,000 total live and stillbirths	Number	Rate per 1,000 total live and stillbirths		
		Great Yarmouth	England & Wales	Great Yarmouth	England & Wales	Great Yarmouth	England & Wales	Great Yarmouth	England & Wales	Great Yarmouth	England & Wales	Great Yarmouth	England & Wales	Great Yarmouth	England & Wales	Great Yarmouth	England & Wales		
1931‡	56,769	844	14.8	15.8	742	10.9	12.3	49	58.1	66	19	22.5	30.3	31	35.4	41	No figures available		
1946	43,370	1,048	24.2*	19.2	634	14.6*	11.5	30	28.6	42.9	13	12.4	24.5	43	39.4	27.2	51	46.7	44.3
1947	47,410	1,078	22.7*	20.5	631	13.3*	12.3	35	32.5	41.4	20	18.6	22.7	32	28.8	24.1	50	45.0	40.3
1948	50,140	951	19.0*	17.8	630	12.6*	10.8	31	32.6	33.9	12	12.6	19.7	22	22.6	23.2	34	35.0	38.5
1949	50,460	813	16.1*	16.7	644	11.5	11.7	28	34.4	32.4	20	24.6	19.3	24	28.7	22.7	41	49.0	38.0
1950	51,310	771	15.2	15.8	641	11.1	11.6	22	28.5	29.6	11	14.3	18.5	27	33.8	22.6	39	49.0	37.4
1951‡	51,105	729	14.4	15.4	767	13.4	12.5	22	30.2	29.7	14	19.2	18.8	15	20.2	23.1	27	36.3	38.2
1952	50,900	739	14.7	15.3	629	11.0	11.3	12	16.2	27.6	11	14.9	18.3	18	23.8	22.7	27	35.7	37.5
1953	51,300	715	14.1	15.4	669	11.6	11.4	15	21.0	26.8	9	12.6	17.7	18	24.6	22.5	27	36.8	36.9
1954	51,550	782	15.6	15.2	638	10.8	11.3	21	26.9	25.5	12	15.4	17.7	14	17.6	24.0	23	31.4	38.1
1955	51,600	696	13.9	15.0	678	11.4	11.7	23	33.1	24.9	15	21.6	17.3	14	19.7	23.2	28	39.4	37.4
1956	51,500	738	14.8	15.6	656	11.9	11.7	17	23.0	23.8	14	19.0	16.8	21	27.7	22.9	32	44.8	36.7
1957	51,500	746	14.8	16.1	657	11.9	11.5	16	21.5	23.1	10	13.4	16.5	16	21.0	22.5	25	32.8	36.2
1958	51,400	704	13.9	16.4	660	11.5	11.7	13	18.4	22.5	11	15.6	16.2	17	23.5	21.5	25	34.7	35.0
1959	51,300	740	14.7	16.4	722	12.6	11.6	12	16.2	22.2	7	9.4	15.9	15	19.8	20.8	21	27.8	34.1
1960	51,500	769	15.2	17.1	682	11.6	11.5	13	16.9	21.8	8	10.4	15.5	14	17.8	19.8	21	26.8	32.8
1961‡	52,970	766	14.8	17.5	697	11.5	11.9	13	16.9	21.4	9	11.7	15.3	17	21.7	19.0	24	30.6	32.0
1962	52,450	799	15.5	17.9	658	10.5	11.9	12	15.0	21.7	12	15.0	15.1	13	16.0	18.1	25	30.8	30.8
1963	52,670	815	16.7	18.1	811	12.9	12.2	17	20.8	21.1	10	12.3	14.3	12	14.5	17.2	21	25.4	29.3
1964	52,720	789	16.2	18.4	698	11.1	11.3	18	22.8	19.9	11	13.9	13.8	15	18.6	16.3	23	28.6	28.2
1965	52,700	814	16.7	18.1	752	11.1	11.5	17	20.9	19.0	13	16.0	13.0	8	9.7	15.8	20	24.3	26.9
1966	52,420	710	14.6	17.7	724	11.2	11.7	20	28.2	19.0	15	21.1	12.9	16	22.0	15.4	29	39.9	26.3

* Crude rate.

‡ Census Years.

COUNTY BOROUGH OF GREAT YARMOUTH.
CAUSES OF DEATH BY SEX AND AGE GROUP.
1966.

Cause of death	Age Groups													Total 1966	Total 1965	
	Males	Females	Under 4 weeks			4 wks. & under 1 yr.			1 - 4 years			5 - 14 years				
Tuberculosis, respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Syphilitic disease	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	1	3	—	—	—	—	—	—	1	—	—	—	1	2	4	—
Malignant neoplasm, stomach	9	6	—	—	—	—	—	—	—	—	—	—	2	8	15	21
Malignant neoplasm, lung, bronchus	23	2	—	—	—	—	—	—	—	—	—	—	4	8	25	36
Malignant neoplasm, breast	—	15	—	—	—	—	—	—	—	—	—	—	2	3	15	8
Malignant neoplasm, uterus	—	4	—	—	—	—	—	—	—	—	—	—	—	4	4	7
Other malignant and lymphatic neoplasms	34	32	—	—	—	—	—	—	—	2	2	6	12	20	24	87
Leukæmia, aleukæmia	1	2	—	—	—	—	—	—	1	—	—	—	1	1	3	1
Diabetes	—	1	6	—	—	—	—	—	—	1	—	—	1	4	1	7
Vascular lesions of nervous system	42	49	—	—	—	—	—	—	—	—	—	—	—	—	91	98
Coronary disease, angina	103	74	—	—	—	—	—	—	—	—	4	7	21	56	177	158
Hypertension with heart disease	3	2	—	—	—	—	—	—	—	—	—	—	—	3	2	5
Other heart disease	50	44	—	—	—	—	—	—	—	—	—	3	7	10	74	14
Other circulatory disease	14	22	—	—	—	—	—	—	—	1	1	5	12	17	36	44
Influenza	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—
Pneumonia	26	19	—	—	1	—	—	—	—	—	—	1	3	10	30	42
Bronchitis	26	12	—	—	—	—	—	—	—	1	2	5	18	12	38	39
Other diseases of respiratory system	2	2	—	—	—	—	—	—	1	—	—	—	2	—	1	4
Ulcer of stomach and duodenum	4	2	—	—	—	—	—	—	—	—	—	—	2	2	6	3
Gastritis, enteritis and diarrhoea	—	1	—	—	—	—	—	—	—	—	—	—	1	—	1	1
Nephritis and nephrosis	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2
Hyperplasia of prostate	5	—	—	—	—	—	—	—	1	—	—	—	1	—	4	5
Pregnancy, childbirth, abortion	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Congenital malformations	4	3	2	2	—	—	2	—	—	—	—	1	—	—	7	8
Other defined and ill-defined diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Motor vehicle accidents	6	3	—	—	—	—	—	—	1	—	1	4	8	7	10	47
All other accidents	6	11	—	—	—	—	—	—	2	—	2	—	1	2	9	4
Suicide	—	—	—	—	—	—	—	—	—	1	2	1	—	11	17	15
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
ALL CAUSES	383	341	15	5	—	3	9	5	12	38	94	190	353	724	752	

INFECTIOUS DISEASES

The incidence of notifiable diseases was again low. The table on page 19 gives in age groups the number of notifications received.

MEASLES.

In 1965 there was a large epidemic of measles, and as was to be expected, the figure for this year was low, only 195 cases being reported.

INFECTIVE HEPATITIS.

Fifteen cases were notified in 1966 compared with 18 cases in 1965.

FOOD POISONING

There was only one formal notification of food poisoning. This was an isolated case and investigation failed to reveal the cause.

TUBERCULOSIS.

The number of cases on the Tuberculosis Register at the end of 1966 was 338 compared with 363 at the end of 1965. They were classified as follows :—

	Male	Female	Total
Pulmonary	164	156	320
Non-pulmonary	11	7	18
Total	175	163	338

New Cases.

The number of cases which came to notice was 11 of which 7 were formal notifications and 4 transfers from other areas. The number of notifications gives a rate for all forms of the disease of 0.13 per thousand population, compared with 0.16 in 1965. This is the lowest incidence rate ever recorded. The following table gives an analysis of the notifications by age and sex.

	0 -	1 -	2 -	5 -	10 -	15 -	20 -	25 -	35 -	45 -	55 -	65 -	75 +	Total
Pulmonary														
Males	—	—	—	—	—	—	1	—	1	—	2	—	—	4
Females	—	—	—	—	—	1	1	—	1	—	—	—	—	3
Non-Pulmonary														
Males	—	—	—	—	—	—	—	—	—	—	—	—	—	Nil
Females	—	—	—	—	—	—	—	—	—	—	—	—	—	Nil

More detail with regard to new cases is given in the section of the report which deals with the prevention of illness, care and after-care.

The numbers of notifications and deaths from all forms of the disease, with resultant rates per 1,000 population for each year since 1950 are given in the following table :

Year	No. of formal notifications		Notification rate		No. of deaths		Death rate	
	Pulmonary	Non pulmonary	Pulmonary	Non pulmonary	Pulmonary	Non pulmonary	Pulmonary	Non pulmonary
1950	55	8	1.07	0.15	17	2	0.33	0.04
1951	37	4	0.72	0.07	15	3	0.29	0.06
1952	43	8	0.84	0.15	13	1	0.25	0.02
1953	25	5	0.49	0.10	5	—	0.09	—
1954	28	10	0.54	0.19	5	1	0.10	0.02
1955	21	4	0.41	0.08	12	3	0.20	0.05
1956	27	2	0.52	0.04	4	2	0.08	0.04
1957	17	—	0.33	—	7	2	0.13	0.04
1958	24	1	0.46	0.02	4	—	0.08	—
1959	19	1	0.37	0.02	3	—	0.06	—
1960	7	4	0.13	0.08	6	1	0.12	0.02
1961	12	1	0.22	0.01	—	—	—	—
1962	6	3	0.11	0.05	3	—	0.05	—
1963	13	1	0.25	0.02	3	—	0.06	—
1964	13	2	0.22	0.04	2	1	0.04	0.02
1965	6	3	0.11	0.05	—	1	—	0.02
1966	7	—	0.13	—	—	—	—	—

It will be noted that this is the second year in which no deaths from the disease were recorded, the previous occasion being in 1961.

VENEREAL DISEASES.

The following figures are extracted from the annual statistical table provided by the Consultant :—

There were 3 cases of syphilis diagnosed in patients attending the clinic for the first time. Two were cases of cardio-vascular syphilis in males, and one was a female with the disease in the latent stage.

The number of new cases of gonorrhoea increased by 9 to 41 of which twenty-nine were male and twelve female.

Of the 187 other patients attending the clinic for the first time, 78 required no treatment, 35 were suffering from non-gonococcal urethritis and 74 received other forms of treatment.

NOTIFIED INFECTIOUS DISEASES IN AGE GROUPS

	Age groups									Total 1966	Total 1965	
	0 -	1 -	3 -	5 -	10 -	15	25 -	45	65 + Un- known			
Scarlet fever	—	2	6	8	—	—	—	—	—	16	4	
Whooping cough	—	1	—	—	2	—	—	—	—	3	—	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	
Measles	12	51	71	20	4	1	—	—	—	159	1007	
Pneumonia	—	—	—	—	—	—	—	—	3	—	3	
Meningococcal infection	—	—	—	—	—	—	—	—	—	—	—	
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	
Paralytic	—	—	—	—	—	—	—	—	—	—	—	
Non-paralytic	—	—	—	—	—	—	—	—	—	—	—	
Acute encephalitis	—	—	—	—	—	—	—	—	—	—	—	
Infective	—	—	—	—	—	—	—	—	—	—	—	
Post infectious	—	—	—	—	—	—	—	—	—	—	—	
Dysentery	—	2	2	5	1	—	3	—	—	13	—	
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	
Puerperal pyrexia	—	—	—	—	—	—	—	—	—	—	—	
Smallpox	—	—	—	—	—	—	—	—	—	—	—	
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	
Enteric fever	—	—	—	—	—	—	—	—	—	—	—	
Food poisoning	—	—	—	—	—	—	—	1	—	1	2	
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	
Malaria	—	—	—	—	—	—	—	—	—	—	—	
Infective hepatitis	—	—	—	6	1	3	4	1	—	15	18	
Total	12	56	79	39	8	4	7	2	3	—	210	1036

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL AND POST-NATAL CARE.

Midwives undertake ante-natal care either in clinics or in the patients' own homes as part of their routine duties. Two clinic sessions are held weekly, on Monday afternoons in Great Yarmouth and on Tuesday afternoons in Gorleston. Separate booking sessions, where the mother comes to book a midwife and is invited to attend the parentcraft classes, are held in Gorleston on Tuesday afternoons and in Great Yarmouth on Wednesday afternoons. At a medical level, the work is the responsibility of the general practitioners and none of it now devolves on the medical staff of the department.

PARENTCRAFT AND RELAXATION CLASSES.

These classes, which were maintained throughout the year, were a useful means of helping mothers having their first baby. Each course consists of seven evening sessions and includes lectures, films and demonstrations. A new film strip and slide projector proved to be a useful aid to the Health Visitors in giving education on such topics as infant feeding or the anatomy of pregnancy. A film on the birth of a baby was attended by 32 mothers and 6 fathers.

The number of mothers who attended classes was 176, of whom 29 were booked for hospital. The total number of attendances was 819. These figures show a decrease from last year, partly because of a decline in the birth rate and partly because the staff of the Maternity Unit of the hospital are running their own mothercraft and relaxation classes.

MATERNITY OUTFITS.

These were provided free of charge for mothers having their babies at home. If mothers were transferred to hospital because of an emergency or under the early discharge scheme, a large pack was exchanged for a smaller one. A total of 492 packs were issued during the year.

THE "AT RISK" REGISTER.

The "At Risk" Register compiled in the department was maintained. Its purpose is to identify at the earliest possible stage infants who are at risk of developing handicapping conditions, with a view to ensuring that they obtain special supervision and if necessary prompt treatment. The conditions which cause a child to be "at risk" were mentioned in the 1963 report.

All midwives, both in hospital and domiciliary practice, were asked to provide information on the notification of birth cards and in order

that the information should be kept confidential pre-paid addressed envelopes were issued to the midwives.

Health Visitors have also been advised of the conditions to look for and they compile the register with the advice, where necessary, of the Senior Assistant Medical Officer of Health or the general medical practitioner. It is reviewed periodically and the names of the children who are developing normally are removed. At the end of the year there were 157 names on the register.

CONGENITAL ABNORMALITIES.

As stated in previous reports, the Ministry of Health introduced a scheme for ascertaining and reporting to the General Register Office all congenital abnormalities apparent at birth. The information was obtained through the notification of birth cards, completed with advice, where required, of the general practitioner or hospital consultant. The following table shows details of the 20 cases reported to the General Register Office. The total number of malformations was 27. Six cases had two or more malformations.

Talipes	9
Hare lip	5
Cleft palate	3
Mongol	1
Congenital heart disease	3
Hydrocephalus	3
Spina bifida	2
Deficiency of lower jaw	1

Of these 20 cases three were stillbirths and two infants died within 14 days of birth.

Congenital dislocation of the hip is now regarded as a preventable condition. Susceptibility to it can be diagnosed by a "click" test and preventive measures can then be instituted. Since 1963 all Health Visitors and Midwives have been trained to carry out this test and it is applied to all babies in the area. All suspicious cases are referred to the family doctor or the orthopaedic surgeon.

PREMATURE BIRTHS

(i.e. live births and stillbirths of $5\frac{1}{2}$ lbs. or less at birth).

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or in a nursing home									
	Total births	Within 24 hours of birth	In 1 and under 7 days	Died	Total births	Within 24 hours of birth	In 1 and under 7 days	Died	Total births	Within 24 hours of birth	In 1 and under 7 days	Died		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1 2 lb. 3 oz. or less	3	2	—	—	—	—	—	—	—	—	—	—	2	—
2 Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	9	4	1	—	1	1	—	—	1	—	—	—	1	—
3 Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	2	—	—	—	—	—	—	—	1	—	—	—	—	—
4 Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	8	—	3	—	—	—	—	—	2	—	—	—	—	1
5 Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	16	—	—	—	5	—	—	—	1	—	—	—	1	—
6 Total	38	6	4	—	6	1	—	—	5	—	—	—	4	1

PREMATURE BABIES.

The care of premature babies has been the responsibility of the Paediatric Health Visitor as previously reported. She visits the homes of babies born in hospital before they are discharged to ensure that facilities for their care, especially the heating arrangements, are adequate and she continues to visit until she is satisfied that the monther can manage on her own.

The table on page 22 gives details of premature births. Of the 49 premature live births only 5 were nursed at home and these were over 4 lbs. 15 ozs at birth. There were 5 premature stillbirths, 4 in hospital and one at home.

PREVENTION OF COLD INJURY

This subject has been discussed at length in previous reports and the need to prevent chilling emphasised. In spite of talks at ante-natal clinics, mothercraft classes and individual talks in the home to mothers, some children are exposed to this danger, and in order to avoid it the Health Visitors keep a watchful eye on infants and young children during the winter months.

CHILD WELFARE CLINICS.

Child Welfare Clinics were held as follows :—

Great Yarmouth Clinic	— Tuesday, Thursday and Friday. 2.30 p.m. to 4.30 p.m.
Gorleston Clinic	— Monday and Friday, 2.30 p.m. to 4.30 p.m.
Magdalen Clinic (Methodist Church Hall, Magdalen Way, Gorleston)	— Wednesday, 2.30 p.m. to 4.30 p.m.

The clinics held on Thursday afternoons in Great Yarmouth and Friday afternoons at Gorleston provide facilities for vaccination and immunisation each week.

The following table shows the number of children in their age groups who attended the clinics :—

Clinic	1966	Children attended during the year			Total
		Born in	1965	1964	
Great Yarmouth	302	306	279	279	887
Gorleston	176	226	251	251	653
Magdalen	122	110	80	80	312
Total	600	642	610	610	1852

The following table shows the number of attendances during the year in age groups :—

1966 Clinic	Attendances during the year			Total number of attendances
	Under one year of age	1 - 5 years		
Great Yarmouth	6294	2175		8469
Gorleston	3368	1455		4823
Magdalen	2194	549		2743
Total	11856	4179		16035

The following Ministry of Health table gives further details about the Clinics :—

Number of sessions held by :

Medical Officers	...	...	...	...	203
Health Visitors	...	...	...	...	102
G.P.'s employed on a sessional basis			...	...	—
Hospital medical staff	...	...	...	...	—
				Total	305
Number of children referred elsewhere	...		...		16
Number of children on "At Risk" Register at end of year					156

The number of attendances this year was 16,035, which is 1,503 less than last year's figure. The smaller number of births during the year would account for some of the decrease and, as reported last year, more mothers attend their doctors' surgeries for immunisation and vaccination.

WELFARE FOODS.

Welfare foods (national dried milk, orange juice, cod liver oil and vitamin tablets) were available at the clinics listed above and at the times stated. There are no other distribution centres in the town.

The following table gives particulars of the numbers of items sold :

Quarter ended	Tins National Dried Milk	Bottles Cod Liver Oil	packets Vita- min Tablets	Bottles Orange Juice
31.3.66	1917	216	208	2868
30.6.66	1810	156	181	3177
30.9.66	1542	153	181	2942
31.12.66	1494	185	229	2995
Total	6763	710	799	11982
Total 1965	8444	853	986	12744

FAMILY PLANNING.

The clinics were conducted by the local branch of the Family Planning Association in the Authority's premises. As reported last year, weekly sessions are held in both Yarmouth and Gorleston and now two doctors attend each session.

With reference to the Ministry of Health circular 5/66, the Council agreed to make a grant of £100 to the local branch of the Family Planning Association, subject to annual review. In consideration of this grant the Association undertook to provide free consultation and treatment (including supplies) for women attending the clinic to whom pregnancy would be detrimental to health, either mental or physical.

Notices and appointment cards were issued to the nursing staff for the purpose of referring to the clinics mothers in need of family planning advice on medical grounds.

The Ministry asked for a short report on the local arrangements made and this was sent in November.

The figures supplied for the year are as follows :—

	Great Yarmouth	Gorleston
Number of sessions held	48	48
Number of new patients	185	147
Total number of people who sought help	477	367
Total number of visits paid	1782	1526

CARE OF UNMARRIED MOTHERS AND THEIR BABIES.

There is close co-operation between the Health Department and St. Paul's Lodge Mother and Baby Home run by a voluntary committee under the auspices of the Norwich Diocesan Council for Social Work, to which the Council makes a grant.

Under present administration the length of stay of each girl is assessed according to her needs and there is a tendency for the usual period of six weeks to be shortened. Very few remain longer than a month.

Forty-one girls and their babies were cared for at the Home during the year, and the Superintendent, as outside worker, dealt with the problems of 14 mothers. These figures are lower than last year, partly owing to illness in the staff and partly to work being carried out in improving the facilities at the Home, including the fitting of stainless steel sinks and airing cupboards.

This Council was asked to accept financial responsibility for the maintenance of only one girl during the year.

DENTAL CARE.

The Senior Dental Officer reports as follows :—

The number of expectant and nursing mothers treated at the Clinics continues to decline but as far as can be ascertained the standard

of dental health is better. Since the maximum period during which these cases can attend the Clinic is limited to 21 months those who really care for their teeth may be assumed to prefer to stay with a practitioner who can guarantee continuity of care for a number of years. Dentures being free at the Clinics may encourage those who need them to use the service rather than pay the statutory charge under the National Health Service. Hence, 21 of the 23 patients were fitted with dentures.

Due to the new system of keeping records according to age, a number of children who last year would have been classed as under five years now go into the 5-9 year group. This accounts for the considerable drop from 439 to 314 examined during the year. The drop in extractions is not so marked as the previous year but does show a trend towards saving the deciduous dentition, so maintaining space for the permanent teeth to erupt with less chance of irregularity. Propaganda is still directed towards encouraging the mothers of children from the age of 2 years upwards to visit the Dental Clinic before any trouble becomes evident.

(a) Numbers provided with dental care :—

	Number of persons examined during the year (1)	Number found in need of treatment (2)	Number of persons who commenced treatment during the year (3)	% of those needing treatment who were treated (4)	Number of courses of treatment completed during the year (5)
Expectant and nursing mothers :					
1964	65	46	41	89.2	71
1965	41	36	34	94.4	25
1966	23	21	20	95.3	20
Children under five :					
1964	423	227	216	95.2	226
1965	439	196	186	95.0	147
1966	314	147	143	97.2	123

(b) Forms of dental treatment provided :—

	Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns and inlays	Extractions	General anaesthetics	Full upper or lower	Partial upper or lower	Radiographs
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Expectant and nursing mothers :									
1961	41	57	4	—	146	27	13	13	7
1962	10	48	—	—	94	18	4	17	6
1963	29	29	8	—	134	28	10	21	12
1964	27	62	—	1	61	11	10	9	5
1965	10	46	1	—	88	13	8	9	6
1966	8	36	—	—	70	10	20	1	—
Children under five :									
1961	3	83	146	—	138	69	—	—	2
1962	1	102	246	—	190	85	—	—	2
1963	—	82	161	—	155	80	—	—	6
1964	12	120	280	—	198	100	—	—	—
1965	1	160	232	—	142	66	—	—	—
1966	10	159	224	—	130	74	—	—	—

MIDWIFERY SERVICE

This section includes information on the duty of the local authority to provide a domiciliary service under Section 23 of Part III of the National Health Service Act, 1946, and on its function under the Midwives Act, 1951, to act as Local Supervising Authority.

INSTITUTIONAL MIDWIVES

Ten midwives employed at Great Yarmouth General Hospital notified their intention to practise in this area. There were no notifications from midwives in private practice.

MUNICIPAL MIDWIVES.

Eleven midwives notified their intention to practise. Included in this number is the Supervisor of Midwives and two part-time midwives. During the year two new midwives were appointed. In August Mrs. A. M. Kleppe retired after 27 years loyal and devoted service. The staff organised a farewell sherry party for her and the good wishes of the Committee and the department were extended to her.

NUMBER OF CONFINEMENTS

The total number of births, including those to mothers not normally resident in the County Borough, dropped slightly from 1204 last year to 1158 this year. Included in this figure are 791 live births and 19 stillbirths which took place in hospital and 343 live births and 5 stillbirths at home. There were eighteen sets of twins born during the year, 17 of them in hospital and one at home.

EARLY DISCHARGES

Two hundred and forty patients who were delivered in hospital were discharged from hospital before the tenth day and were attended by domiciliary midwives.

MATERNAL DEATHS.

There was one maternal death during the year, the certified cause being cardiac and respiratory arrest during induction of labour.

ADMINISTRATION OF ANALGESIA.

All midwives are trained in the administration of Trilene analgesia and prefer this small easily transportable apparatus to gas and air. During the year Trilene was administered to 240 patients on the midwives' own responsibility and to 63 when the doctor was present. Pethilorfan was administered to 192 patients on the midwives' own responsibility and to 43 patients when the doctor was present.

CONFINEMENT IN HOSPITAL ON SOCIAL GROUNDS.

The Health Department undertakes the work of assessing the need for hospital confinement on social (as distinct from medical) grounds in order that the best use can be made of the small number of beds available. Of the 169 investigated 17 were rejected and 151 were recommended. One mother moved to another house and decided to have a domiciliary confinement.

MIDWIVES' ANTE-NATAL CLINICS.

Midwives conducted routine examinations of mothers booked for home confinement at ante-natal clinics which were held each Monday afternoon in Great Yarmouth and each Tuesday afternoon in Gorleston.

The number of attendances was 2,632, as against 3,043 last year. Home visits are necessary towards the end of pregnancy and are also available for people who find it inconvenient to attend the Clinics.

STANDARD CO-OPERATION CARDS.

These cards are intended to facilitate the exchange of information between doctors, midwives and hospitals about individual mothers. They are retained by the mothers and produced to each member of the team for entries to be made after each consultation. With a few exceptions, they are now in general use.

MEDICAL AID

The number of patients for whom medical aid was summoned during the year under Section 14(i) of the Midwives Act, 1951 by the Midwives was as follows :—

(a) For domiciliary patients :—	
(i) Where the medical practitioner had arranged to provide the patient with a maternity medical service under the National Health Service	62
(ii) Others	Nil
(b) For patients in institutions	434

HEALTH VISITING

The establishment of this service is now eight Health Visitors. In the autumn one resigned for domestic reasons and in spite of repeated advertisements the vacancy has not been filled. The staff in post were five full-time Health Visitor/School Nurses, one Geriatric Health Visitor and one part-time Tuberculosis Health Visitor.

The Geriatric Health Visitor completed her first full year of duties and it became clear that the creation of this post was well justified. She made contact with 749 elderly people, of whom 441 were living alone and of these 78 were house-bound. There are undoubtedly more in the town who could benefit from her services, but one of her problems is to find means of locating these among the many active and healthy old people who do not need visits and who, indeed, may not want them. Various methods have been tried to obtain the information; general practitioners and pharmacists were approached through the Executive Council and invited to provide information about old people in need of help or advice; press publicity was given to an invitation to the general public to provide confidential information, with the assurance that its source would not be revealed to the old person concerned. The response, however, has been poor and cases still come to light of old people living alone or with a spouse in most unsatisfactory conditions and without the benefit of the services which are available to them. Too often the information arrives only after a crisis has developed.

The Geriatric Health Visitor works in close and cordial co-operation with the Welfare Officers and overlapping with their work is thereby avoided. She also has liaison with the Geriatric and Rheumatology Departments of the hospitals, who refer cases to her. Of a total of 2440 visits, 2153 were to old people and 49 to rheumatic patients.

She covers the whole town, as does the Tuberculosis Health Visitor, and the other Health Visitors are responsible for all other work in their districts except that those with special skills or interests are asked to undertake work in other districts, e.g. in connection with problem families, health education, venereal diseases or paediatric patients.

The early detection of defects and abnormalities still continues to be an important part of the work of the Health Visitors. Information concerning those children thought to be "at risk" is obtained from the notification of birth cards. The Health Visitors pay special attention to these children until it is clear that they are developing normally. There were 156 on the active register at the end of the year. Urine testing for phenylketonuria of all new babies was maintained and all the 1185 tests carried out during the year were negative.

Local hospitals send to the department information about all children and some adults who have been treated as in-patients, and this is passed to the Health Visitors who visit where necessary. A Health Visitor attends the ward round of the Children's Ward and the out-patient clinic and acts as liaison officer between the Consultant Paediatrician and the department. This continues to prove a very satisfactory arrangement for the interchange of information.

The Health Visitors have, in general, a cordial relationship with the general practitioners, but there is no formal attachment or liaison scheme. The subject has been discussed with practitioners and it has been suggested to them that it might be better to start with a liaison scheme and develop this in the light of experience, possibly to a more complete scheme of attachment. It has been suggested that, as a start, a Health Visitor could call at the surgeries at regular intervals, say once a week, to obtain information about individual patients who ought to be visited. The suggestions, however, have not been taken up so far.

The number of children under five years visited during the year was 3024. Handicapped persons on their visiting lists numbered 132, of whom 36 were spastics and 14 epileptics. The Tuberculosis Health Visitor visited 271 households.

DISTRICT NURSING SERVICE

The establishment of this Service remained at nine full-time and two part-time nurses. There were several changes in the staff including the retirement of Miss I. Gillings after twenty years loyal and devoted service. The good wishes of the department were extended to her. To help cope with staff shortages and to relieve the nurses of routine work, a bath attendant was added to the staff and the appointment has proved to be very successful.

The pattern of the nurses' work changes with changes in medical treatment and features this year have been an increase in the number of patients being treated with steroids and with iron injections. The number of calls for the elderly chronic sick have also increased and, but for the nursing services available in the home, many of these would have required hospital treatment. The service further relieves the pressure on hospital beds by facilitating early discharge of patients for continuation of treatment in their own homes.

The nurses continued to test the urine of all new patients; of the 745 samples 720 were found to be normal, 18 were from known diabetics, 2 contained sugar, 4 contained protein and one both protein and sugar. The patients' general practitioners were informed.

Nurses worked under the clinical direction and in close co-operation with general practitioners, but there is no formal scheme of attachment. The possibilities have been discussed with the doctors but such a scheme would present considerable administrative problems as most general practitioners have patients in all parts of the town which in itself presents difficulties in that it is long and narrow and divided by a river with only one bridge. The town also has a very serious traffic problem in the holiday season. It is very doubtful whether any advantages which might accrue from an attachment scheme would outweigh the considerable disadvantages.

The following is a summary of the work done in 1966 :—

Number of patients nursed	1054
Number of new patients	818
Number of patients still on books at end of year	281
Number of visits to patients	27,575
Number of patients aged 65 or over	628
Number of visits to patients aged 65 and over	19,296

The number of patients nursed and the number of visits paid to these patients during the past ten years are shown below :—

Year	Number of Patients nursed	Number of Visits
1957	1,409	33,670
1958	1,259	34,892
1959	1,197	33,146
1960	996	30,372
1961	814	26,412
1962	861	26,581
1963	920	28,164
1964	915	27,733
1965	960	29,206
1966	1,054	27,575

VACCINATION AND IMMUNISATION

SMALLPOX.

In 1966, 108 infants under one year and 336 between the ages of one and two were vaccinated, and the latter figure represents 41.3% of the total live births in 1965.

The number of vaccinations and re-vaccinations known to have been carried out in persons up to age of 15 was 663, an increase of 128 on last year's figures.

The following table gives the analysis of the vaccinations in age groups :—

	Age at date of vaccination				Total
	Under 1	1	2 - 4	5 - 15	
Primary vaccinations	108	336	78	56	578
Re-vaccinations	—	—	5	80	85
Totals	108	336	83	136	663

It will be noted that, in accordance with Ministry advice, the majority of infants are now vaccinated in the second year of life. All of the vaccinations under one year were done by general practitioners. Figures supplied by the Ministry of Health show that the estimated percentage of children under 2 years in Great Yarmouth who have been vaccinated was 54% in 1965. The national figure for the same year was 38%.

DIPHTHERIA, WHOOPING COUGH AND TETANUS.

Immunisation against these three diseases is now commonly given by the administration of vaccine in the form of "Triple Antigen", and the majority of infants immunised at the clinics received this. Separate antigens were available for children whose parents elected to have immunisation against a particular disease, but these are now rare, and the separate vaccines are now mainly used for children for whom whooping cough vaccine was contra-indicated, or who had not received any immunisation in infancy.

During the year 682 children were given a primary course of immunisation and 538 children received reinforcing doses.

Figures supplied by the Ministry of Health show that, of children born in 1965, 81% had been immunised against diphtheria in Great Yarmouth. The national figure for the same age group was 73%.

TUBERCULOSIS.

The arrangements for the protection of children against tuberculosis by B.C.G. vaccination are in two parts. Under one vaccination is offered to all school children of thirteen years of age and upwards

and to all students attending establishments of further education, and the work is carried out in school by the full-time staff of the department. Further information on this aspect of the work is given in the report of the Principal School Medical Officer. The second part involves the vaccination of contacts of cases of tuberculosis known to the Chest Clinic, and the work is carried out by the Chest Physician. The following table gives details of the work done during 1966.

Schoolchildren Scheme—

No. skin tested	684
No. found positive	39
No. found negative	645
No. vaccinated	645

Contact Scheme—

No. skin tested	101
No. found positive	15
No. found negative	86
No. vaccinated	132 (including babies vaccinated without previous skin test)

The first full year of operation of the Schoolchildren Scheme was 1957, and the following table gives some of the relevant details since that time :—

Year	No. skin tested	No. found positive	% positive of No. skin tested
1957	847	195	23.02
1958	534	92	17.22
1959	795	118	14.84
1960	109	17	15.59
1961	458	60	13.10
1962	784	158	20.15
1963	759	77	10.14
1964	601	40	6.65
1965	731	33	4.51
1966	684	39	5.70

POLIOMYELITIS.

Oral Sabin vaccine is now used exclusively in this Authority's area to produce immunisation against poliomyelitis. No Salk vaccine was used other than that contained in a Quadruple vaccine used by some general practitioners. Only 5 children received this form of immunisation, all for primary vaccination.

The following table deals with the administration of oral vaccine during the year :—

Age Group	Oral Vaccine	3 doses completed
Born 1966		244
1965		440
1964		47
1963		15
1959-1962		55
Others under age 16		6
		807
Oral booster dose (schoolchildren)		424

Of the total of 1236 persons vaccinated with either vaccine 32% of the doses were given by family doctors, and 68% either at the clinics or in the schools.

Figures supplied by the Ministry of Health show that of children born in 1965, 81% had been immunised in Great Yarmouth against a national figure of 68%.

AMBULANCE SERVICE

Although the number of patients carried, the number of journeys and the mileage were less than last year, the Service had another busy year. The staff consisted of the Ambulance Officer, eighteen full-time driver/attendants and one part-time driver/attendant. The vehicle strength remained at seven ambulances and they are maintained and serviced by the Borough Engineer's Department. All vehicles are equipped with radio control. At the end of the year the Council approved an agreement to provide ambulance cover for a neighbouring part of Norfolk County, as from the 1st January 1967. The arrangements require the appointment of two additional driver/attendants.

Calls are sometimes received for ambulances to attend cases of sudden illness in the home, before a doctor has seen the patient. The Minister of Health asked all local health authorities to review "in consultation with the Hospital Service and the Executive Council" the instructions issued to control staff for dealing with such calls. The result of the local review was that all concerned agreed that the existing system was satisfactory.

One patient was conveyed by helicopter to Stoke Mandeville Hospital and the detailed plans which had been prepared in 1964 for such a contingency worked smoothly.

The following table gives particulars of the number of patients carried, the number of journeys and the mileage for the past six years.

Year	Patients carried	Journeys	Mileage
1961	16,374	7181	100,990
1962	17,325	7300	98,904
1963	16,979	7080	99,774
1964	17,648	6919	104,959
1965	17,669	7412	100,244
1966	16,554	7063	95,007

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

HEALTH EDUCATION.

All the normal activities of the department in the sphere of health education were continued. One Health Visitor in each clinic takes the responsibility of ensuring that displays, posters and the peg board are changed regularly and that a good supply of pamphlets and leaflets is provided. When there is a national campaign on health matters the department undertakes local activities in support of it.

In the Spring various members of the staff participated in a special course sponsored by the Old People's Welfare Council and the College of Further Education. Talks were also given by members of the staff to various organisations in the town and, as reported elsewhere, at ante-natal clinics. A mini-projector was purchased in the Spring for showing film strips and slides at mothercraft classes and elsewhere.

SMOKING AND HEALTH.

These annual reports have repeatedly referred to the sense of frustration engendered in the staff by their apparent lack of success in persuading young people not to start smoking or older people to abandon the habit. The year brought slightly more cheering news in an interim report on surveys arranged by the Ministry of Health which showed that anti-smoking campaigns were producing a definite if small shift in attitudes against cigarette smoking, that the shift was greater among adolescents than among adults and that a cumulative effect is to be expected from a number of campaigns.

A letter was sent to all Head Teachers reminding them of the connection between smoking and lung cancer and other serious diseases and asking for their help and co-operation in bringing home to their pupils the hazards of smoking. A wide selection of educational material, including films, film strips, books, leaflets and posters, were made available to them and the services of the Health Department staff were offered to assist their efforts. The co-operation of the Youth Officer was also sought in an effort to stimulate interest among the various youth organisations in the town. The Health Department staff were reminded of their responsibilities in this matter and asked to increase their efforts, and the usual poster and pamphlet campaign was maintained.

MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS.

As reported last year, the Ministry of Health arranged for Medical Officers at ports receiving immigrants to forward to Medical Officers of Health in areas concerned the addresses of long-stay immigrants so that these immigrants could be visited and given general information about the health services. It was hoped to persuade them to register with a general medical practitioner and to have a chest X-ray if this was appropriate. During the year notification was received concerning eleven long-stay immigrants and nine of them were successfully followed up.

VENEREAL DISEASES.

One of the Health Visitors maintains contact with the Venereal Diseases Clinic and is prepared to follow up any cases referred to her. Contacts notified from other sources are traced when possible and encouraged to undergo examination and, if necessary, treatment. The supply of posters for exhibition in public lavatories was maintained.

MOBILE RADIOGRAPHY UNIT

During the two periods 23rd March to 10th June and 28th September to 30th November the unit was placed at a dozen strategic points in the town and 15,316 persons (8,045 males and 7,271 females) were examined. Of the total 4,290 (28%) were X-rayed for the first time. Approximately three quarters of the persons examined were residents of the town. The following information has been extracted from the Medical Director's report :

Number of cases of Pulmonary Tuberculosis found

	Males	Females	Total
Cases requiring immediate treatment or close clinical supervision	6	4	10
Cases requiring observation at the Chest Clinic	12	7	19
Healed post primary lesions	8	5	13
Previously diagnosed cases	5	2	7
Rate per 1,000 of active cases of total X-rayed—0.65.			

A number of other diseases were found during the survey including :

Bronchial carcinoma	3
Bronchietasis	8
Cardiac and vascular system abnormalities—congenital	9
Cardiac and vascular system abnormalities—acquired	86

TUBERCULOSIS.

As part of the scheme for preventing this disease the Tuberculosis Health Visitor traced 186 new contacts and arranged for their examination at the Chest Clinic. There were 771 previously known contacts who were re-examined. Thirty-three patients receiving treatment at home were under her supervision.

All of the seven new cases of pulmonary tuberculosis notified during the year required a period of hospital treatment. Four of them were detected by the mobile radiography unit and the other three were referred by general practitioners. It is notable that three of the new cases were between the ages of 20 and 23 and two of them had not participated in the tuberculin testing and B.C.G. vaccination scheme which is available to all school children at the age of 13. The co-operation of all parents in this scheme is of the greatest importance if tuberculosis is to be eradicated; dissenting parents leave their children in an unnecessarily vulnerable position.

The periodic surveillance of patients of long standing at the Chest Clinic continued, but it is often difficult to persuade a patient who has remained well for a number of years that it is to his advantage to lose time and money at work in order to have a chest X-ray. Employers who allow their personnel to attend the Chest Clinic without loss of earnings are making a valued contribution to the health of the community.

OTHER ILLNESSES.

The care and after-care of persons suffering from other forms of illness is provided through the Health Visiting, District Nursing and Home Help Services.

The hospitals provide information concerning all children discharged and visits to their homes are paid where necessary. One Health Visitor regularly visits the paediatric out-patient clinic and the children's and maternity wards of the local hospital. She obtains useful information from the Paediatrician and his staff on the need for home visiting and gives them information concerning the home conditions and social background of the children.

Similar co-operation exists in relation to the rheumatic group of illnesses. The Geriatric Health Visitor sends environmental reports concerning the patients on the Consultant's hospital waiting list and advises on the urgency of a particular patient's need for early admission. Occasionally she visits his out-patient clinic for the exchange of information.

The Superintendent Nursing Officer continues to receive information from the hospitals about the elderly when they are about to be discharged and about the more acutely ill patients when they have recovered sufficiently to return home. The appropriate services are then provided to help them to become re-established in their own homes. Spastic, epileptic and other handicapped persons are visited periodically by the Health Visitors.

One of the greatest problems facing the staff is still difficulty and often delay in obtaining hospital beds for patients who can no longer be nursed adequately in their own homes. Prolonged illness in these circumstances can produce a very severe strain on relatives.

LOAN OF NURSING EQUIPMENT.

The three depots run by the St. John Ambulance Brigade and the British Red Cross Society for the provision of nursing equipment continue to operate very satisfactorily and the Council's thanks are due to them for interest and support.

In addition to the equipment provided by the voluntary organisations, the department continues to supply nursing aids to patients under the care of the district nursing staff. Some new walking aids and a Penrhyn hoist were purchased during the year.

FACILITIES FOR INCONTINENT PEOPLE

Incontinence pads and other facilities were available throughout the year. The Minister issued a circular (14/66) asking local authorities to make them available to all who could benefit whether or not they were receiving home nursing, but there are few if any incontinent people in this area who have not had home nursing care. The number of pads issued (915) was, in fact, less than last year. Local doctors are well aware of the facilities available.

CHIROPODY.

A service was maintained throughout the year by one full-time Chiropodist. Sessions were held at the Greyfriars Way Clinic on Mondays and Wednesdays and at the Trafalgar Road Clinic, Gorleston, on Tuesdays and Thursdays. On Fridays the Chiropodist attended at the Welfare Department's Old People's Hostels. Additional evening clinics were held during the summer months. No charges were made to patients who, apart from a few handicapped people, were all elderly persons.

Statistics :

Number of sessions held	485
Number of treatments given	3487
Average number of treatments per session	7.2

At the end of the year 950 persons were on the register, including 86 who were residents in the hostels and six physically handicapped persons.

PROBLEM FAMILIES.

The work of the department continues on the lines described in previous reports. The Welfare of Children Committee, which includes representatives from all departments of the Corporation concerned,

met monthly. Policy on particular families is agreed and then action is taken by the appropriate officer or a recommendation is made to the appropriate Committee of the Council, or to a voluntary organisation. The Committee serves a useful purpose in co-ordinating the work and pooling information and resources, and prevents overlapping. Some of the families, however, are most resistant and require constant and prolonged supervision.

FLUORIDATION OF WATER SUPPLIES.

The Ministry of Health have asked that this report should contain information on the action taken by the Council on the fluoridation of public water supplies. The Council have had this subject before them on many occasions and have always been advised to approve the principle of fluoridation but they consistently rejected it until, after the distribution to them of an article on fluoridation issued by the Ministry, they considered the subject once again and resolved "That, subject to the concurrence of other authorities sharing the same water supply, arrangements be made with the East Anglian Water Company for the addition of fluoride to the water supply to bring its natural content up to the optimum level". The other authorities, Norfolk County Council and East Suffolk County Council, did not however concur and it was impossible to proceed. This was the position at the end of the year, but next year's report will record that the Great Yarmouth Council considered the matter yet again and decided to rescind the resolution.

It is becoming clear that if the introduction of fluoridation has to await the agreement of all authorities sharing the same water supply then the country as a whole is likely to be deprived of the benefits of fluoridation for a long time to come. It would seem that the stage has been reached when a different approach should be considered.

CERVICAL CYTOLOGY

In September the Pathological Laboratory of the Norfolk and Norwich Hospital informed general practitioners that a service for examining cervical smears was available but was limited to women in the 35 to 60 age group and to two smears per week from each practitioner. In October a circular was received detailing Ministry of Health policy, but at the end of the year the local limitations were still in force.

DOMESTIC HELP SERVICE

This is the service which expands year after year in order to meet the growing demand. The appointment of a Health Visitor with special responsibilities for seeking out old people in need accounts for the major part of the increase. The decision to make no charge for the service may have contributed, but in practice the service has to

work within its budget and it is impossible to give help to any except those in genuine need. Indeed, the amount of help given even to them had to be cut for a period during the year because the rate of expenditure was too high and this explains why, although the number of homes visited increased, the number of visits and hours decreased.

Year	Number of homes visited	Number of Home Helps employed	Number of visits made	Number of hours worked
1965	644	79	45,310	84,462
1966	715	81	43,506	80,775

Old people account for most of the work and the Home Helps often become devoted to them and go far beyond the call of duty in visiting them outside working hours to make sure that all is well. Although the work is sometimes exacting the morale of the staff was good but one of the problems for the Supervisor was the recruiting and retaining of suitable women.

The Home Helps also participate in the rehabilitation of problem families, successfully in some cases, but in others prolonged support is needed before any progress can be made.

In very dirty houses two Home Helps, known in the department as "The Dirt Squad", work together. They were used on four occasions during the year. The photographs facing this page show the type of problem they have to tackle and also what they can achieve. The old lady in this house was admitted to a hostel and with help from the Public Health Inspectors and the Borough Engineer's Department twenty-six lorry loads of rubbish were removed.

MENTAL HEALTH SERVICE

STAFF.

One trainee Mental Welfare Officer completed his training at the North Western Polytechnic, London, in July and was appointed as a Welfare Officer. The staff consisted of four part-time Mental Welfare Officers, three of whom dealt with mental illness and one with sub-normality.

MENTALLY ILL PATIENTS.

The number of admissions to hospitals by Mental Welfare Officers was 134 compared with 104 last year. In addition, a number of patients were admitted informally by Consultants without intervention by the Mental Welfare Officers. The following table gives details of some of the work done by the Mental Welfare Officers :—



"A problem for the Home Help Service"

Every room in this house was in a similar condition and 26 lorry loads of rubbish had to be removed to enable the Home Helps to start work.



After Clearance

	Male	Female	Total
Informal admissions	41	34	75
Admissions under Section 25 for observation	17	27	44
Admissions under Section 26 for treatment	2	2	4
Admissions under Section 29 (emergency)	4	6	10
Admissions under Section 60 through the Court	1	—	1
	—	—	—
Total admissions	65	69	134
	—	—	—

Complaints investigated without recourse to hospital admission	50	79	129
Absconding patients returned to hospital	6	13	19
Patients returned after leave of absence	4	6	10
Visits at request of hospitals to patients	21	40	61
Visits at request of hospitals to relatives	37	34	71
Care and after-care visits	448	501	949

SUBNORMAL AND SEVERELY SUBNORMAL PATIENTS.

At the end of the year there were 76 persons (41 male and 35 female) in these categories living in the community and known to the Authority. Three were in full-employment and 53 attended the Training Centre. All the others received home visits from the Mental Welfare Officer.

Seven new cases were reported, three from the School Health Service and four from other sources. One man remained under the guardianship of the local authority and attended the Training Centre.

One man was admitted to hospital on a permanent basis and one boy and one girl were admitted for temporary care.

One woman died during the year and one child left the area.

THE TRAINING CENTRE.

At the end of the year there were 84 trainees on the register, of whom 53 were from Great Yarmouth and 31 from Norfolk. The arrangements for transport, meals, milk and dental and medical inspection were unchanged.

The adult section with 53 trainees is overcrowded and has inadequate facilities so that there is urgent need for the new Adult Centre which is being planned. The output of work for local factories increased considerably and the firms concerned gave every indication that they appreciated the service provided by the Centre and the standard of work produced.

Suitable mentally ill patients are referred to the Centre by Psychiatrists and have been successfully integrated with the sub-normal trainees. They appear to derive great benefit from their attendance and some are able to return to normal life and employment.

A notable and satisfactory feature is the degree of social integration of the trainees in the community. They take part in ordinary social activities and are welcomed at clubs for other groups of handicapped people. One Church has established a club for them in conjunction with their own youth club and the younger trainees meet there weekly and participate in all activities.

CARE AND AFTER-CARE.

Care and after-care of mentally ill patients in the community was the responsibility of the Mental Welfare Officers. They work in close co-operation with the staff of the mental hospitals and 132 of the visits paid to the homes of patients were at the request of the hospitals. The Mental Welfare Officer for subnormal patients is able to supervise most of them closely through her daily contact with them at the Training Centre, where she is the Supervisor. Home visits are paid periodically as required.

The Haven Club, which is the psychiatric social club, meets on Wednesday afternoons. With its varied indoor and outdoor activities it fulfils a useful function in helping members to regain confidence and make new friends after psychiatric difficulties. As improvement occurs some leave the club for other activities, but former members visit from time to time in the knowledge that they can find a useful contact in time of need. As new members are enrolled the number attending remains at about twelve. Patients are referred to the club by the hospital psychiatrist or the social worker. The facilities were drawn to the attention of general practitioners by letter and they were invited to provide information about withdrawn patients living isolated lives who might benefit from attending, but there was no response.

MISCELLANEOUS SERVICES

NATIONAL ASSISTANCE ACT, 1948, Section 47

NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

This section of the National Assistance Act makes special provision for the compulsory removal to suitable premises by Court Order of persons who :—

- (a) are suffering from grave chronic disease or, being aged, infirm or physically handicapped, are living in insanitary conditions
- and (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

When such cases come to notice every effort is made to avoid using compulsory powers and to solve the problem by other means. This was successful in two cases. One, an old lady living alone was obviously gravely ill and was persuaded to go to hospital. The other, an elderly man living alone in great disorder and filth was also gravely ill and he also eventually agreed to enter hospital.

In two other cases resort had to be made to compulsory removal on the authority of Magistrates. One a resolute retired Officer of the Royal Navy was discharged from hospital after partial recovery from a stroke and was taken to an old people's hostel, but he refused to stay and insisted on being taken to his own home, which was quite unsuitable and where there was no-one to care for him. After the Order was granted he was taken back to the hostel and he settled down satisfactorily. The other case was the elderly lady mentioned in last year's report who lived alone with a dog which she kept in grossly insanitary conditions in a locked room which it shared with a colony of mice. Action was considered on many occasions previously and would have been justified but was delayed because the old lady was so active. Her health, however, deteriorated seriously during the year and as she was still adamant in her refusal of help she was removed by order to hospital where she died three weeks later.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

There are no day nurseries registered in the town. One child-minder who had been registered for a number of years retired at the end of February and another person was registered to take ten children to replace her. Initial investigations concerning registration are carried out by the medical and nursing staff and thereafter Health Visitors pay regular visits and make reports on child-minders.

NURSING HOMES

Public Health Act, 1936, Section 187.

Nursing Homes Act 1963.

There are two registered nursing homes, one for 50 patients and one for 24. Each provides care mainly for the chronic sick, although one takes post-operative patients from the General Hospital when requested to do so.

The Nursing Homes Act, 1963, empowers the local authority to ensure that the standards of staff, accommodation and equipment are appropriate to the work done and officers are permitted to interview patients privately. So far it has not been necessary to use this provision.

Routine inspections are carried out from time to time by the Medical Officer of Health and the Superintendent Nursing Officer.

MEDICAL EXAMINATION OF STAFF 1966

Entrants to the Superannuation Scheme	149
Entrants to the Sick Pay Scheme	65
Teachers first teaching appointment	2
Teachers transfer to local schools	38
Teachers College entrants	43
Firemen's Pension Scheme	8
Examination for pension surrender	2
Examinations on behalf of other authorities	5
Examinations carried out by other authorities	1
	—
	313
	—

The Chief Public Health Inspector's Report

F. T. PORTER, M.A.P.H.I., C.S.I.B., Chief Public Health Inspector

INTRODUCTION

STAFF.

The establishment of seven qualified Public Health Inspectors was short by one up to July, and by two for the rest of the year. This shortage of qualified inspectors restricted the amount of routine and new work which should have been carried out. Two trainees continued to receive practical training from the staff and attended courses at Tottenham Technical College.

LEGISLATION.

New regulations received were all concerned with food, either by implementation of standards for specific foods or by additional legislation in the field of food hygiene. The Butter Regulations were issued but do not come into operation until September 1967. They will supersede the regulations of 1955 in so far as those regulations apply to butter, and will specify compositional and labelling requirements. The Mineral Hydrocarbons in Food Regulations came into force in August and prohibit the use of any mineral hydrocarbon in the composition or preparation of food and the sale of food containing any mineral hydrocarbon. There are exemptions which allow limited amounts in dried fruits, citrus fruit and sugar confectionery and food containing these as an ingredient, also lubricants, the rind of processed cheese and eggs. The Salad Cream Regulations came into force in September. They specify the amount of vegetable oil and egg yolk solids in salad cream and requirements regarding its labelling and advertisement. The Anti-oxidant in Food Regulations came into force in December. Anti-oxidants are prohibited in food for babies and young children, and specifications are laid down for permitted anti-oxidants. In October the Slaughterhouses (Hygiene) Amendment Regulations were received, but do not come into operation until February 1967. They will prohibit the retention in a slaughterhouse of any carcase of an animal slaughtered elsewhere, unless specific conditions are complied with. The period of retention of animals in lairages will be limited to 72 hours, and there will be additional control over cleanliness of lairages. The use of wiping cloths in the dressing of carcases may be continued until November 1968 providing they have been sterilised before use upon each carcase. The Meat Inspection (Amendment) Regulations came into operation in September and provided additional measures to bring about the full inspection of all home killed meat before it leaves the slaughterhouse. One of these measures was power to control the hours of slaughter. Agreement upon times of working was reached with the Company who operate the two local slaughter-

houses. The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966 were received and will come into operation in January 1967. They lay down new requirements as to food hygiene in respect of markets, stalls and delivery vehicles.

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY.

The water was supplied by the East Anglian Water Company. The source was the River Bure with the intake at Horning, and there was an alternative source from Ormesby Broad, which was brought into use when the salinity of the river water exceeded the statutory limit or when the total daily consumption exceeded six million gallons per day.

Pre-chlorination was used to control mussel growths in the pipes taking the water to the purification works at Ormesby. The purification process comprises $3\frac{1}{2}$ days storage, primary rapid filtration and secondary slow sand filtration, followed by chlorination.

The water supply to the area was adequate in quantity throughout the year and no restrictions on its use were imposed. The average consumption of 78 gallons per head per day (domestic 39, industrial 39). These figures are based on the resident population and make no allowance for the large number of holiday visitors. The maximum day's consumption was 7,455,000 gallons, including the supply to part of the Blofield and Flegg Rural District Council. All but one of the 17,557 dwellinghouses in the Borough are supplied by the Company's mains.

The water is free from plumbo-solvent action; the lime treatment plant is in use, which varies the discharge of lime so as to ensure the alkalinity of the water at all times. Chemical and bacteriological examinations of the water from supply pipes were carried out at frequent intervals and all the results were satisfactory.

SEWERAGE.

The sewers in parts of the town are old and overloaded by new developments and the Borough Engineer is investigating this matter. The system of disposal of sewage into the river and thence to the sea was unchanged and was reasonably adequate.

PUBLIC CLEANSING.

The tip in the Cobholm area was again used for the disposal of refuse which is collected by the Borough Engineer's Department. This tip continued to be well maintained, and the area of exposed tip face was kept down to a minimum. Weekly collections of refuse were carried out and more frequent collections from premises were available upon request, on payment of a small fee.

Action was taken under the Public Health Act, 1936 to require new dust-bins to be provided, where necessary.

Dumping of refuse on sites and in empty houses continued to be widespread and a source of many complaints. A total of 363 visits were made regarding refuse accumulations. Action was taken to secure the removal of this refuse and I should like to thank the Cleansing Superintendent and his staff for co-operation and help throughout the year in this matter.

COMMON LODGING HOUSES.

There are none in the town.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

Eleven local authority circulars dealing with the administration of this act were received during the year. Seventy-eight more premises were registered, making a total of 775. The number of visits carried out under the Act was 190. Where contraventions were found to exist, action was taken by letters sent to the persons responsible. So far no need for legal proceedings has arisen.

Due to the shortage of staff it has not been possible to carry out a comprehensive survey of all premises which are likely to fall within the scope of the Act and which may not have been registered.

GENERAL SANITATION.

The following table shows the number of visits made during the year.

TABLE A.

Nature of Visit or Inspection	No. of Visits
Atmospheric Pollution ...	159
Caravans, Tents, Vans, etc, ...	85
Diseases of Animals ...	—
Drainage	1218
Dykes	132
Exhumations	—
Factories	260
Fumigation and Disinfection ...	2
Insect Infestation	65
Inquiries in cases of Infectious Diseases	73
Miscellaneous Sanitary Visits ...	485
Noise	91
Offensive Trades	42
Knackers Yard	2

Outworkers	...	...	1
Public Conveniences	...	...	134
Rats and Mice	...	...	398
Refuse Accumulations	...	...	363
Refuse Collection and Disposal	...	...	37
Schools	...	...	24
Ships	...	...	231
Shops	...	...	172
Stables and Piggeries	...	...	132
Swimming Pools	...	...	24
Theatres and Places of Entertainment			11
Water Supply	...	...	16

FACTORIES ACTS, 1937 TO 1961.

The following tables show the work carried out under the above Acts. Two hundred and sixty inspections were made during the year and no serious defects were noted. It was not necessary to take any legal action.

TABLE B.

Premises	No. on Register	Inspections	Written Notices	Prosecutions
(i) Factories in which Sections 1, 2, 3, 4, and 6 are enforced by Local Authorities	8	8	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authorities	254	247	18	—
(iii) Other premises in which Section 7 is enforced by Local Authorities (excluding outworkers premises)	9	5	—	—
Total	271	260	20	—

TABLE C.

Particulars	No. of Cases in which defects were Found	No. of Cases in which defects were Remedied	Referred by H.M. Inspector	Referred to H.M. Inspector	Prosecutions
Want of cleanliness	4	4	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	1	1	—	—	—
Inadequate ventilation	1	1	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences—					
(a) Insufficient	2	2	—	—	—
(b) Unsuitable or defective	16	14	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	12	10	—	—	—
Total	36	32	—	1	—

OUTWORK

Nature of Work	Section 133				Section 134	
	No. of out-workers in default in Aug. List required by Section 133(1)(c)	No. of cases of sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwhole-some premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel—						
Making, etc.	54	—	—	—	—	—
Cleaning and Washing	—	—	—	—	—	—
Total	54	—	—	—	—	—

OFFENSIVE TRADES.

Total No. on the register	...	...	15
Tallow melter	...	...	1
Tripe dressers	...	...	2
Marine stores	...	...	12

Forty-two visits were made to these premises during the course of the year.

SWIMMING POOLS.

There are two public swimming pools in the town, one at a holiday camp and three at schools. The arrangements for filtration and chlorination were the same as described in the report for 1965.

The staff made 24 visits and carried out 76 check tests to determine the amount of free chlorine and the alkalinity of the water. Seven bacteriological samples were taken and all were reported by the Public Health Laboratory to be satisfactory. No trouble from algal growths occurred during the year.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

There are no manufacturers or premises used for the storage of rag flock in the Borough.

Seven premises are registered as Upholsterers under Section 2 of the Act.

SANITARY CONDITION OF CINEMAS AND THEATRES.

Eleven visits were made to the cinemas and theatres in the Borough and the sanitary accommodation and washing facilities were found to be adequate and well maintained.

ATMOSPHERIC POLLUTION.

One hundred and fifty-nine visits were made in connection with the emission of smoke and grit to the atmosphere. Observations were also made where necessary and followed by notification to the persons responsible where it was considered a nuisance had been committed. Three notices were served.

Two notifications were received under Section 3(1) of the Clean Air Act to install new furnaces.

CARAVAN SITES.

No further licences under the Caravan Sites and Control of Development Act 1960 were issued this year.

Details of all caravan sites in the borough are as follows :—

Permanent sites	...	3
Holiday sites	...	3

There is, in addition, one municipally owned tent site, which is used in the holiday season.

Eighty-five visits were made to caravans and tent sites during the year.

HOUSING.

During 1966, thirty-two houses were represented as unfit under the Housing Act, 1957, eighteen were made the subject of Demolition Orders, fourteen were the subject of Closing Orders, and no undertakings were accepted. Nineteen families, comprising forty-one persons, were rehoused during the year from individual unfit houses.

Considerable work was again involved in dealing with applications for mortgage advances and improvement grants for houses. The houses concerned were inspected when considered necessary and an opinion concerning their future life was given.

Further work was carried out in connection with the Cobholm Clearance Area.

1. *Inspection of Dwelling-houses.*

(i) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	707
(b) Number of inspections made for the purpose					1,212
(ii) Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated) Regulations 1925 - 32	...	...	...	...	Nil
(iii) Overcrowding :—					
Number of houses inspected		...	...		21
(iv) Verminous houses :—					
Number of houses inspected		...	...		43

2. *Informal Action.*

Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts	442
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3. *Action under Statutory Powers.*

(A) Proceedings under Public Health Acts.

(i) Number of houses in respect of which notices were served requiring defects to be remedied	81
(ii) Number of houses in which defects were remedied after service of formal notices :—			
(a) By owners	...	...	76
(b) By Local Authority in default of owners			13

(B) Proceedings under the Housing Act, 1957.

(i) Number of houses rendered fit after the service of notices under Section 9	...	...	—
(ii) Number of houses rendered fit under Section 16	...	...	—
(iii) Number of houses rendered fit under Section 24	...	...	—
(iv) Number of houses in respect of which demolition orders were made	...	...	18
(v) Number of houses in respect of which closing orders were made	...	...	14
(vi) Number of separate tenements or underground rooms in respect of which closing orders were made	...	...	8
(vii) Number of houses in respect of which undertakings were accepted	...	...	—
(viii) Number of Local Authority houses certified unfit by Medical Officer of Health.	...	...	—
(ix) Number of houses demolished	...	...	52

RENT ACT, 1957.

Details of documents issued during the year are as follows:—
No applications for Certificates of Disrepair were received.

One certificate of disrepair was issued (application for this was made in 1965).

Applications for Cancellation of Certificates.

Applications by landlords for cancellation of certificates	—
Objections by tenants to cancellation of certificates	...
Decisions to cancel in spite of tenants' objection	...
Certificates cancelled by Local Authority	...

NOISE ABATEMENT.

There was again an increase in the number of complaints concerning noise, a total of 91 were received, compared with 56 during the previous year. Some did not fall within the scope of the Act. The causes of complaint were in the main from industrial premises. Informal action was taken where it was considered the level of noise was such as to constitute a nuisance. Co-operation with the occupiers of the premises concerned was obtained and it was not found necessary to serve any statutory notices.

INSPECTION AND SUPERVISION OF FOOD

A. MILK.

As a result of the cessation of sales of untreated milk during the year by the one dealer licensed for this purpose, all milk sold in the County

Borough had been heat treated by pasteurisation, sterilization or the ultra heat treated method. Only relatively small quantities of the ultra heat treated milk, which is contained in triangular shaped cartons, was sold and this type of milk has not gained ground in the provincial towns as has been the case in the larger cities. One local firm was granted a licence by the Council for the treatment of milk in accordance with the conditions applying to the special designation "sterilized". A number of tests were carried out on the heated milk by this department as a prerequisite to the recommendation which was made to the Public Health Committee to grant the licence. No milk, however, had been produced by this method for sale by the firm concerned at the end of the year.

Milk and Dairies (General) Regulations, 1959.

Number of dairies on register	9
-------------------------------	-----	-----	-----	---

Licences under the Milk (Special Designation) Regulations, 1963.

Number of dealers licensed to sell prepacked milk	...	77
Number of dealers licensed to treat milk by "pasteurisation"	3	
Number of dealers licensed to treat milk by "sterilization"	1	

MILK SAMPLING.

(a) For presence of antibiotics.

Tests for the presence of antibiotics in milk sold in the town were again carried out during the year. Penicillin is the antibiotic concerned and is found as a result of farmers supplying milk from cows which have been very recently treated for mastitis. Twenty-nine samples of milk were taken and submitted for analysis for the presence of antibiotics and twenty-seven of these samples were found to be satisfactory. The remaining two were found to contain 0.015 and 0.03 i.u. of penicillin per ml. respectively but these amounts were below the toleration level officially permitted and were, therefore, declared genuine samples.

(b) For fat and non-fatty solids.

Forty-nine samples of milk were submitted for analysis for the fat and solids not fat content and forty-seven of these samples were reported as genuine. The fat content varied between 5.15% and 4% for Channel Islands milk and between 3.9% and 3.15% for other milk. The solids not fat content varied between 9.42% and 8.34% for Channel Islands milk and between 9.11% and 8.12% for ordinary milk. Two of the samples declared not genuine were found to contain added water. In the first instance where 2.2% of added water was discovered, eight follow up samples were taken from milk supplied by the two farms concerned from a corresponding milking but all these samples gave a normal Hortvet test reading. In the second case in which 3% of added water was found, an "appeal to the cow" formal follow up sample was taken at the farm concerned but this sample was reported

to be genuine. However, it was noticed that the angled position of some pipes in the automatic milking machinery caused "pockets" for water to remain in these pipes after routine cleansing. This could have caused water to enter the milk churns with the milk and the farmer concerned was instructed to arrange for this defect to be remedied.

(c) Bacteriological milk sampling.

One hundred and twenty-four samples of milk were submitted to the Public Health Laboratory for bacteriological examination. The following table shows the results of examination :—

Number taken	Methylene Blue Test		Phosphatase Test		Result Invalidated	Turbidity Test	
	Passed	Failed	Passed	Failed		Passed	Failed
Sterilized Milk 15	—	—	—	—	—	15	—
Pasteurised Milk 103	94	3	103	—	6	—	—
Untreated Milk 1	1	—	—	—	—	—	—

The reason for the three methylene blue test failures was not conclusively established but investigations were carried out at the dairies concerned. Special attention was paid to the keeping quality of the milk on arrival from the farms as this can be relevant to the final keeping quality of the milk after heat treatment. In each case, follow up samples were taken and were reported as satisfactory.

MILK SUPPLIES – BRUCELLA ABORTUS.

One sample of untreated milk was tested for *Brucella Abortus* organisms but the Public Health Laboratory reported that none were isolated. The only vendor of untreated milk ceased to operate the vending machine during the year so that only heat treated milk was sold in the Borough.

The three pasteurisation plants received routine inspections during the year and checks were made on the cleansing procedures carried out in accordance with the provisions of the Milk and Dairy Regulations. General dairy hygiene was found to be satisfactory at these plants and also at the nine distributing dairies situated in the borough.

B. MEAT INSPECTION.

The two private slaughterhouses situated in the borough continue to deal with a volume of meat similar to that of previous years and the two licences were again renewed by the Council in accordance with the provisions of the Food and Drugs Act, 1955, and the Slaughterhouses Act 1958. Various maintenance repairs were effected as a result of requests made to the management and, having due regard to the age, nature, and position of the slaughterhouse buildings, a reasonable standard of hygiene was maintained throughout the premises. Slaughter-

ing wastes were removed from the premises daily and although gall and certain glands were collected for pharmacological purposes, no blood was collected for the manufacture into products for human consumption.

Apart from the occasional "casualty" animals sent in for emergency slaughter and salvage value, the standard of meat passing through the slaughterhouses continued to be high. All carcases and offals of cattle, sheep and pigs slaughtered were inspected by Public Health Inspectors and each carcase or part passed was stamped in accordance with the provisions of the Meat Inspection Regulations 1963. There was again no evidence of any bovine animal being affected with tuberculosis but approximately 4.3% of pigs had some part of the carcase or offal condemned for this disease. The liver was again the organ found to be most frequently affected by localized parasitic and pyogenic conditions.

The following table shows the number of animals inspected and the number of carcases condemned in whole or in part:—

	Cattle (exclud- ing cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	1748	—	2	1922	6608	—
Number inspected	All	All	All	All	All	—
<i>All diseases except tuberculosis and cysticerci :—</i>						
Whole carcases condemned	—	—	—	—	10	—
Carcases of which some part or organ was condemned	645	—	—	7	668	—
Percentage of the number inspected affected with diseases other than tuberculosis	36.89	—	—	0.36	10.26	—
<i>Tuberculosis only :—</i>						
Whole carcases condemned	—	—	—	—	—	—
Carcase of which some part or organ was condemned	—	—	—	—	286	—
Percentage of the number inspected affected with tuberculosis	—	—	—	—	4.3	—
<i>Cysticercosis :—</i>						
Carcases of which some part or organ was condemned	6	—	—	—	—	—
Carcases submitted to treatment by refrigeration	1	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Details of Carcasses, Parts of Carcasses and Organs surrendered.

	Tuberculosis	Other Causes
Cattle carcasses (excluding cows)	—	—
Cow carcasses	—	—
Pig carcasses	—	10
Calf carcasses	—	—
Sheep carcasses	—	—
Bovine heads	—	17
,, tongues	—	5
,, livers	—	245
,, lungs	—	106
,, udders	—	—
,, spleens	—	13
,, kidneys	—	11
,, skirts	—	3
,, hearts	—	10
,, mesenteric fats	—	1
,, tripes	—	1
,, tails	—	—
Pigs' heads	98	5
,, plucks	2	89
,, hearts	—	111
,, kidneys	—	143
,, livers	—	297
,, mesenteric fats	239	53
,, spleens	—	—
,, udders	—	1
,, lungs	—	43
Calves' heads	—	—
,, livers	—	—
,, kidneys	—	—
Sheep plucks	—	2
,, livers	—	17
,, hearts	—	1
,, kidneys	—	1
Beef	—	—
Pork	88 lbs.	1364 lbs.
Mutton	—	—

DISPOSAL OF UNFIT MEAT AND OTHER FOODS.

Meat and offal condemned by the department together with other slaughtering waste was removed daily from the slaughterhouses by a local manufacturer of Tallow and Fertiliser. Other unfit foodstuffs were deposited at the Council's condemned food store to await collection by the cleansing department for burial in the Council's controlled refuse tip. Unfit food was stained with a green dye before it was collected.

C. ICE CREAM.

The number of premises in the Borough registered for the storage, manufacture and sale of ice cream under Section 16 of the Food and Drugs Act, 1955, was as follows :—

Manufacturers	...	...	3
Retailers	...	...	341

As a result of 94 visits and inspections made at dealers premises certain improvements were effected and the general standard was found to be satisfactory. An increased number of continuous freezer ice cream machines operated in the town during the summer season. As in the case of ice cream sold loose from conservators the bacterial quality of the "softa freeze" type of ice cream depends on the efficiency of the hygiene carried out by the vendor rather than the manufacturer. For this reason sampling was concentrated mainly on these types of ice cream products. The results of thirty-four samples submitted to the Public Health Laboratory for bacteriological examination were as follows :—

Grade 1	Grade 2	Grade 3	Grade 4
18	8	7	1

The Grade IV result and two of the Grade III results were investigated and appeared to have been caused by lack of attention paid to the correct cleansing and sterilization routine on the freezer machine parts in contact with the ice cream. Advice was given and a warning letter sent to the vendors concerned. The five remaining Grade III samples were also investigated and inspection of the stalls showed that the poor bacteriological results were due to improper sterilization of serving utensils used in the sale of loose ice cream. The necessary advice and warning was given in each case.

Twelve samples of ice cream were taken as a check on chemical composition in which the minimum standard for fat is laid down by the Food Standards (Ice Cream) Regulations, 1959. As a result of the Public Analyst's report on these samples the fat content was found to vary from 5.8% to 10.8% but all the samples had a fat content above the permitted minimum.

D. FOOD SAMPLES TAKEN IN ACCORDANCE WITH THE PROVISIONS OF THE FOOD AND DRUGS ACT, 1955.

Two hundred and eighteen food samples including 44 milk samples were purchased or taken by Public Health Inspectors during the year for chemical analysis. As a result of analyses, the Public Analyst reported that 199 of these samples were genuine but that 19 were unsatisfactory or not genuine. The following table shows the nature of the adulteration or irregularity :—

FOOD AND DRUG SAMPLES REPORTED BY PUBLIC ANALYST AS BEING UNSATISFACTORY OR NOT GENUINE

Article	Nature of Adulteration or Irregularity	Action taken
Plain Flour	Slightly deficient in added chalk.	Local Authority in whose area the flour was packed was informed for follow-up action to be taken.
Shrimps in Brine	List of ingredients not given conspicuously.	Manufacturers contacted. Action had already been taken to correct the labelling of this product. Informed that no unsold stock remained.
Fresh Apples	Contaminated by phenolic disinfectant.	Stallholder's premises inspected. Packing station inspected by Inspector of Local Authority concerned. No evidence of contamination found. No further investigations possible owing to packing station being supplied with apples from fifty-seven scattered farms. No further complaints received by this department. This appeared to be an isolated case of contamination.
Twin Pack Baby Cereal	Stale, very rancid.	Complaint by member of the public. Representative of firm interviewed – remaining stock with code numbers of the samples concerned removed by the firm. Firm also agreed to take back any remaining stocks within the County Borough. An undertaking given not to be used for human consumption. It was further agreed that the question of a clear indication of date when the stock was packed would be looked into.
Milk	Contained added water.	Samples bottled from approximately 1,000 gallons of milk received from four farms. Fourteen follow-up samples were taken and found to be genuine.
Twin Pack Baby Cereal	Stale, rancid.	Observations as for above mentioned sample of same name.
Lemon and Orange Peel	Contained excess copper.	Manufacturer stated this due to worn tinning of copper lines – some replaced, remainder in process of being replaced. Follow-up sample taken, which was satisfactory.
Hors D'oeuvres	List of ingredients not given prominently.	Distributors agreed to withdraw stocks where possible as distribution of this product is to be discontinued.
White Bread	Contaminated with faint traces of iron compound and mineral oil.	Bread dough appeared to have been in contact with machinery oil. Chief Public Health Inspector's visit to bakery in neighbouring authority resulted in an alteration of the system of supervision and cleansing of the machinery concerned.
Crunchie Creams	Common or usual name not stated.	Firm concerned were under impression that there was no need to name the product as such owing to the transparent wrapper. As a result of the action taken firm agreed to put the word 'biscuits' on their wrappers at the next printing.

FOOD AND DRUG SAMPLES REPORTED BY PUBLIC ANALYST AS BEING UNSATISFACTORY OR NOT GENUINE

Article	Nature of Adulteration or Irregularity	Action taken
Yogo Yoghurt	Deficient in fat.	Follow-up sample submitted for further analysis found to be genuine. It appears that the result of the analysis in the original sample was affected by early decomposition.
Pork Sausages	Contained undeclared preservative.	Sausages sold loose. Declaration of preservative notice not conspicuously displayed. Butcher concerned agreed to exhibit additional notice.
Junior Fruit Dessert	Contained the larva of a moth.	Public Analyst stated that the phosphatase test strongly suggested that the larva in question had been in the tin before processing. Prolonged correspondence with the firm concerned and subsequent consideration by the Public Health Committee, resulted in a warning being given.
Prunes in Syrup (Residue in Tin)	Contaminated with siliceous material.	Correspondence with the firm has shown that this was probably due to a particle of soil having become deeply embedded in a prune. A similar tin of same product was sampled, the result of which was satisfactory. As this appears to have been the first case of its kind, the explanation by the firm was accepted.
Austrian Roller Dried Milk	Slightly deficient in milk fat.	This deficiency was against the stated composition which appeared on the bag container. The mark on the container did not specify that the composition per cent of milk was not "in the dry matter". Correspondence with the importers resulted in this shipping mark being altered.
Egg Rusks	One of the listed ingredients described in a manner not permitted by the Labelling Food Order 1953.	Correspondence with manufacturer resulted in new label being printed with corrected list of ingredients.
Young Chicken in Jelly	Meat content only 35% – proportion of jelly too high.	Firm concerned stated it was not possible to place a chicken in this size of jar in such a way as to obtain a higher meat content. It was further suggested that the minimum net weight of the raw chicken be quoted on the label. As there appears to be no legal requirements on this point the firm has agreed to approach the Ministry for a ruling on the matter.
Milk	Contained 1.7% added water.	"Appeal to the cow" follow-up sample taken at farm was reported as genuine.

E. OTHER FOODS.

Quantities of food stuffs were found to be unfit for human consumption as a result of notification and inspection. These were suitably stained and buried in the Council's refuse tip, under supervision. Most of this food emanated from local food shops but some consisted of imported food consignments. The following list indicates the nature of the foods surrendered :—

Canned foods, various	6,579 tins
Bacon	1,879 $\frac{1}{4}$ lbs.
Pork	1,188 lbs.
Beef	826 lbs.
Frozen foods	2,229 pkts.
Mutton	824 lbs.
Croquettes	405
Marzipan	20 pkts.
Sauce	2 bottles
Cauliflowers	192 crates
Savory Puffs	27 pkts.
Sausages	14 $\frac{3}{4}$ lbs.
Roast Pork	8 lbs.
Cereals	3 pkts.
Carrots	600 lbs.
Chickens	761
Ham	312 lbs.
Lard	336 lbs.
Peanuts	3 cwt.
Potatoes	9 baskets
Packet Foods	72 pkts.
Potato Cakes	30
Sweets	84 lbs.
Peaches	13 trays
Grapefruit	33 cases
Flour	560 lbs.
Butter	23 lbs.
Cheese	5 $\frac{3}{4}$ lbs.
Fish Cakes	48
Lobsters	12
Tomatoes	39 boxes
Cheese Spread	2 pkts.
Grillettes	519
Kidneys	14 lbs.

THE LIQUID EGG (PASTEURISATION) REGULATIONS 1963.

Imports by ship of Dutch whole frozen egg in 44 gallon cans commenced during the year. Two samples were taken and submitted to the Public Analyst who reported that they had passed the alpha

amylase test prescribed by the above mentioned regulations. Arrangements were made through the agents for certification of each consignment of frozen hen whole egg as having passed the alpha amylase test and as a result of these arrangements certificates have been submitted to this department from the Dutch Government Dairy Institute at Leyden by the local shipping agents.

F. FOOD HYGIENE.

Some routine inspections of food premises were carried out by the limited staff available during the year and all complaints made to the department were investigated. Contraventions of the Food Hygiene General Regulations 1960 were brought to the attention of the occupier concerned and it was not found necessary to resort to legal proceedings on any occasion as informal action had the desired result. Plans of new food premises continued to receive the attention of the department in respect of the food hygiene requirements and recommendations were made where necessary.

Details of visits and inspections made to various food premises in connection with food inspection and food hygiene, are as follows :—

Bakers	79
British Railways	—
Butchers	157
Canteens	4
Confectioners	36
Dairies and Milk Dealers	136
Fishmongers	51
Food Factories	44
Green Groceries	39
Grocers	442
Hotels and Boardinghouses	13
Ice Cream Premises	94
Imported Foods	197
Licensed Premises	51
Mineral Water Manufacturers	2
Restaurants	170
School Kitchens	14
Slaughterhouses	1,068
Stalls	3,714
Warehouses	14

FOOD HYGIENE (GENERAL) REGULATIONS 1960.

The following information is included in accordance with the instructions contained in the Ministry of Health Circular 1/66 dated 11th January 1966 :—

Type of premises	Number of premises	Number of premises fitted to comply with Regulation 16 (wash-hand basins)	Number of premises to which Regulation 19 applies	Number of premises fitted to comply with Regulation 19 (facilities for washing food and equipment)
Bakers and Confectioners	70	70	64	64
Brewers	1	1	1	1
Butchers	44	44	44	44
Dairies and premises selling milk	77	77	26	26
Fishcurers	36	36	36	36
Flour Mills	2	2	2	2
Fried/Wetfish and Shellfish Mongers	72	72	72	72
Groceries and Provisions	82	80	31	31
Greengrocers	32	32	25	25
Ice Cream Manufacturers and Dealers	341	341	341	341
Mineral Water Manufacturers	2	2	2	2
Potato Crisp Manufacturers	1	1	1	1
Potato Dealers	6	6	6	6
Public Houses and Licensed Premises	176	176	176	176
Restaurants and Cafes	150	150	150	150
Slaughterhouses	2	2	2	2
Tripe Dressers	2	2	2	2
Wines and Spirits	17	17	—	—

POULTRY INSPECTION.

In accordance with the Ministry of Health Circular 1/67 the following details are given :—

- (i) Number of poultry processing premises within the district 1
- (ii) Number of visits to these premises 35
- (iii) Total number of birds processed during the year 6,184,618
- (iv) Types of birds processed – broilers and capons
- (v) Percentage of birds rejected as unfit for human consumption 0.32
- (vi) Weight of poultry condemned as unfit for human consumption 63,706 lbs.
- (vii) Comments on poultry processing and inspection :—

The standards maintained at the plant within this area were high. Some of the equipment in the cutting-up section is to be replaced by saws, so as to do away with cutting blocks.

With regard to the inspection of carcases, serious shortage of qualified staff made it quite impossible to carry out regular or frequent visits as indicated in the Ministry of Health circular.

Registered premises under Section 16 of the Food and Drugs Act, 1955 :—

Manufacture or sale of ice cream	341
Preparation or manufacture of sausages and preserved foods	109

FERTILISERS AND FEEDING STUFFS ACT, 1926.

The following samples were taken during the year in accordance with the provisions of the above-mentioned Act :—

	Informal	Formal
Fertilisers	...	8
Feeding Stuffs		8

Two of the fertiliser samples were found to be unsatisfactory. In the first case an excess of nitrogen and an excess of phosphoric acid was found. In the second case a deficiency of nitrogen was reported. After receiving observations from the manufacturers concerned, warning letters were sent instructing them to ensure that the composition of their products did not vary from the statutory statement they provided more than that permitted by the Fertilisers and Feeding Stuffs Act. One feeding stuff sample was found to have an excess of protein. The firm concerned were warned by letter. It was found impossible to take follow-up formal samples in certain cases as all the local stocks had been sold before the report on the sample was received from the Agricultural Analyst.

DISEASES OF ANIMALS ACTS

The following information has been obtained from the Diseases of Animals Act Inspector :—

ANTHRAX ORDER, 1938.

During the year no cases of suspected Anthrax were reported.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957.

There were forty-eight premises licensed under this Order. Regular visits of inspection were carried out.

SWINE FEVER ORDER 1963.

REGULATION OF MOVEMENT OF SWINE ORDER 1959.

SWINE FEVER (INFECTED AREAS RESTRICTIONS) ORDER 1958.

No cases of suspected Swine Fever were reported. During the year 262 licences authorising the movement of 3,194 pigs were dealt with as compared with 426 licences involving 4,942 pigs in 1965.

In addition 3 licences have been issued for the movement of 3 pigs for breeding purposes.

RODENT CONTROL

The Council employed one Pest Officer and four Rodent Operators. There was an increase in the rat population, due to the high breeding rate during the mild winter and the migration of rats from areas outside the Council's control. The number of mice infestations were on a par with previous years and were minor in character. There were no reports or evidence of ship rat infestations. An effective quick acting pesticide based on the narcotic Alpha-Chloralose for mice destruction was introduced by the Ministry of Agriculture, Fisheries and Food.

The following table shows the number of all properties which were dealt with for rodent infestation :—

	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district	22,102	8
2a. Total number of properties (including nearby premises) inspected following notification	2,459	3
b. Number infested by		
(i) Rats	592	3
(ii) Mice	261	—
3a. Total number of properties inspected for rats and/or mice for reasons other than notification	1,376	8
b. Number infested by		
(i) Rats	269	4
(ii) Mice	87	1

DWELLINGS.

Rat infestations in dwellings were mainly due to defective drains and broken sub-floor ventilating grids, other contributory causes were over-flowing dustbins, the dumping of rubbish containing edible matter and food thrown out for birds.

The Pest Officer made 706 visits to dwellings and as a result the following work was done :—

Holes in external walls made good	30
Fixing sub-floor ventilating grids	17
Disused water-closet pans sealed	27
Repairing minor defects to drains	19
Grids and wire cages fixed to rainwater pipes	11
Garden and other domestic refuse heaps removed	50
Sheds raised or removed	29
Fowl houses removed or rebuilt	15
Dustbins and other receptacles provided	11
Fixing collars to bird trays	7
Closing and Demolition Order properties sealed	29

BUSINESS PROPERTIES.

Regular inspections and treatment for rats and mice were made to business properties under contract. Other properties, particularly those processing, selling or storing foodstuffs, were visited on request or as a matter of routine. Some firms have servicing arrangements with Pest Control Companies who are responsible for seeing that rats are kept down to a minimum. The Council have powers to direct work at these premises if necessary.

SEWERS.

Two sewer treatments were carried out, the first in April and the second in October and November, the total period covering ten weeks. 1,580 manholes were test baited with sausage rusk for two days and poisoned with Zinc Phosphide on the third day.

A follow-up treatment of manholes showing bait takes were poisoned with Fluoroacetamide. Sudden high tides and the surcharging of sewers resulted in about ten per cent of the poison baits being washed off manhole benching in the low-lying areas.

COUNCIL PROPERTIES.

Schools, entertainment centres, camping sites, race course and golf course, and cemeteries, were kept under observation and treated for rats and mice where required. Schools and hospitals were treated for rodent and insect infestations. Allotments and refuse tips were the main source of infestation providing, as they do, both food and hide for rats. Methods of treatment consisted of trapping, gassing, poisoning, shooting and the use of a dog. Much work was done to control moles on playing fields and grass verges. Eighty-six rabbits were destroyed on Council owned railway banks, refuse tips and playing fields.

AGRICULTURAL PROPERTIES.

Four block treatments of farms and farm lands were carried out during the year. Isolated pockets of infestation were dealt with and prevented from developing into major infestations. No action was necessary under the Dismantling of Ricks Act.

POR T AND HAVEN.

One hundred and fifty rats were destroyed on the quays and wharfs. There was no evidence of rats on foreign, coastwise or fishing vessels.

INSECT INFESTATIONS.

The following infestations were dealt with by the Rodent Control staff :—

Ants	20
Bees (bumble)	2
Bees (honey)	3
Beetles (not specified)	1
Bugs	2
Red Rust Beetles	1
Buscuit Beetle	1
Cockroaches	31
Earwigs	3
Fleas	35
Flies	2
Field Mice	12
Moles	31
Rabbits	9
Sparrows	3
Starlings	4
Wasps	6

PIGEONS.

Much work was again carried out to deal with the nuisance arising from the presence of feral pigeons in and on buildings in the town. The following results were obtained :—

Pigeons destroyed	271
Eggs destroyed	39
Nestlings destroyed	18

The Report of the Port Medical Officer

PORT OF GREAT YARMOUTH

INTRODUCTION.

There was a further large increase in the number of ships using the port during the year, the total amounting to 3,806 as compared with last year's figure of 2,813. This extraordinary increase was due mainly to the number of vessels using the port in connection with the North Sea search for oil and gas as it appears that the position of Great Yarmouth is ideally suited for its use as a base to supply the drilling rigs in the North Sea areas. Twenty-three supply vessels for the oil rigs are now based in the port. As a result of requests for the issue of International Deratting Exemption Certificates by local shipping agents, the Council has made application to the Ministry of Health for Great Yarmouth to become an "Approved Port" for the issue of these certificates and the application is at present being considered.

No action was necessary during the year in connection with infectious disease in ships using the port and no known cases of Notifiable Disease occurred. One vessel arriving from Dakar (West Africa) was found to have two African stowaways aboard and these were examined by the Deputy Medical Officer of Health who found that they had been vaccinated and were in a good state of health.

This report is compiled in accordance with the provisions of the Ministry of Health Circular 33/52. As there has been no change in the matters listed under Sections V, XIV, XV and XVI, the information relating to these subjects has not been repeated.

Section I — STAFF

TABLE A.

Name of Officer	Nature of appointment	Date of appointment	Qualifications	Any other appointments held
K. J. GRANT	Port Medical Officer	1.6.48	M.A., M.B., Ch.B., D.P.H.	Medical Officer of Health, County Borough of Great Yarmouth.
R. G. NEWBERRY	Deputy Port Medical Officer	1.6.60	M.B., B.S. D.P.H.	Deputy Medical Officer of Health, County Borough of Great Yarmouth.

F. T. PORTER	Port Health Inspector	3.3.64	Cert. S.I.E.J.B. and Inspector of Meat and Other Foods	Chief Public Health Inspector, County Borough of Great Yarmouth.
R. S. R. COLEMAN	Deputy Port Health Inspector	10.6.64	Cert. S.I.E.J.B. and Inspector of Meat and Other Foods	Deputy Chief Public Health Inspector, County Borough of Great Yarmouth.

Section II — AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

The following table relates to the year ended 24th March, 1966 as figures for ships and tonnage for the calendar year are not available from the Port and Haven Commissioners.

TABLE B.

Ships from	Number	Net Registered Tonnage	Number inspected By the M.O.H.	Number inspected By the Inspectors	Number of ships reported as having, or having had during the voyage, infectious disease on board
Foreign Ports	1975	418,979	2	200	—
Coastwise	1831	477,961	—	31	—
Total	3806	896,940	2	231	—

Section III — CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

PASSENGER TRAFFIC.

One seasonal passenger boat operated from the port during the summer months and was engaged in taking holiday-makers on one-day trips to the Continent. This vessel carried 4,875 passengers in July, 5,191 in August and 2,687 in September. No other passenger boats used the port during the year.

Some cargo boats, however, did carry a few passengers but these vessels only carry a small number of passengers at a time. Figures obtained from H.M. Customs show the amount of this traffic during the year.

	Passengers Arriving in the Port	Passengers Leaving the Port
Total	1,110	547

CARGO TRAFFIC.

Cargo entering and leaving the port increased during the year especially in cattle, fruit and vegetables, groceries, petrol, paraffin, fuel oil and chemicals. Much of the increase of the last five of these commodities was due to the North Sea oil and gas industry. Twenty-three ships used by this industry at Great Yarmouth supply the oil rigs with food, water, oil, drilling cements, well casings and mechanical parts. Most of the food is carried in large sealed insulated containers which remain unopened until landed on the oil rig. This appears to be a good method of protecting the food from possible contamination during loading and unloading.

The following table is compiled from information supplied by the Port and Haven Commissioners for the year ended 24th March, 1966 and relates to cargo handled at the port whether as imports or exports as separate figures are not available.

Cattle, Ponies, etc.	93,870	Head
Coal	143,607	Tons
Chemicals	4,979	„
Fruit and Vegetables	45,927	„
Groceries	18,373	„
Grain and Seeds	284,650	Qtrs.
Manures	26,904	Tons
Meal, etc.	30,882	„
Metals, Scrap Iron, etc.	89,163	„
Paper, Strawboards, Woodpulp, etc.	31,673	„
Petrol, Paraffin, Fuel Oil, etc.	505,927	„
Salt	4,927	„
Stone, Broken Granite, etc.	Nil	
Wood Loads	84,022	Loads
Herrings (cured)	2,030	Tons
Herrings (uncured)	12,657	Crans

PRINCIPAL PORTS FROM WHICH SHIPS ARRIVE.

Belgium—Antwerp.
Denmark—Fredricksund, Copenhagen.
East Germany—Rostock, Wismar, Stralsund.
West Germany—Hamburg, Bremen.
Finland—Kotka, Abo, Kemi.
Holland—Rotterdam, Amsterdam, Scheveningen, Maisluys.
Norway—Christiansund, Oslo, Trondheim.
Sweden—Kalmar, Gothenburg, Larvik.
Poland—Stettin.

Section IV — INLAND BARGE TRAFFIC

There was no inland barge traffic during the year.

Section V — WATER SUPPLY

There was no change in the arrangements for water supply. Routine samples are taken by the East Anglian Water Company and one bacteriological sample was taken by the department from one of the quayside hydrants used to supply shipping. This sample was submitted to the Public Health Laboratory and was reported as being satisfactory.

Section VI — PUBLIC HEALTH (SHIPS) REGULATIONS. 1952 - 1966

1. LIST OF INFECTED AREAS.

Information regarding ports in Europe and on the Mediterranean coast is extracted from the World Health Organisation's weekly list, and a copy of this information is forwarded by post to the Waterguard Office of the local Custom House.

2. RADIO MESSAGES.

(a) Arrangements for sending permission by radio for ships to enter the district—Although Great Yarmouth is not a radio transmitting port, radio messages can be sent to ships through the Humber or North Foreland transmitting stations.

(b) Arrangements for receiving messages by radio from ships and for acting thereon—Arrangements for the receipt of radio messages are the same as for those for transmission. The telegraphic address is Portelth, Great Yarmouth.

3. NOTIFICATIONS OTHERWISE THAN BY RADIO.

Messages are received by telephone from H.M. Inspector of Customs and Excise.

4. MOORING STATIONS.

(a) Within the docks—A berth will be made available, its situation being subject to conditions prevailing in the harbour at the time.

(b) Outside the docks—Yarmouth Roads anchorage.

5. ARRANGEMENTS FOR :—

(a) Hospital accommodation for infectious diseases (other than Smallpox—see Section VII).—Accommodation for infectious diseases other than smallpox is available at the Estcourt Hospital, Great Yarmouth.

(b) Surveillance and follow-up of contacts—The surveillance and follow-up of contacts would be undertaken by the Port Health Inspector under the direction of the Port Medical Officer.

(c) Cleansing and disinfection of ships, persons, clothing and other articles.—In case of infectious disease, disinfection is carried out by the staff of the local authority. Persons are cleansed and clothing and other articles are disinfected as required under arrangements made by the local authority at the Northgate Hospital.

Section VII — SMALLPOX

(1) Under arrangements made by the Regional Hospital Board, smallpox cases would be admitted to Ipswich Smallpox Hospital.

(2) It has been agreed that Ipswich Ambulance Service would undertake responsibility for all arrangements for transport of smallpox cases to hospital. Applications for transport would be sent to the Resident Medical Officer, St. Helen's Hospital, Ipswich (Telephone number Ipswich 77211). The Ipswich Authority is responsible for the vaccinal state of the ambulance crews.

(3) Smallpox consultants available :—

Dr. W. A. Oliver, Norfolk and Norwich Hospital, Norwich.

(4) Specimens for laboratory examination would be sent to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, The Hyde, London, N.W.9.

Section VIII — VENEREAL DISEASE

Great Yarmouth V.D. Clinic is situated in Churchill Road, and sessions at which merchant seamen can attend are held as follows :—

Mondays—9.30 a.m. - 12 noon.

Wednesdays—2.30 p.m. - 6 p.m.

Information slips regarding the clinic are issued to masters and ships' agents.

In-patient treatment when required would be carried out under the arrangements of the Regional Hospital Board.

Masters of vessels are asked to report any cases of venereal disease among the crew, and advice is given as to when and where treatment may be obtained.

The master of a vessel arriving from South America requesting assistance regarding disease among his crew received a visit by the Deputy Medical Officer of Health who gave the necessary advice.

Section IX — CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES IN SHIPS

TABLE D. — Nil.

Section X — OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

No cases of malaria occurred in ships entering the port.

Section XI — MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No ships infected with or suspected for plague arrived at the port.

Section XII — MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

Routine inspections of vessels arriving from foreign ports are carried out by Port Health Inspectors and the Deratting or Deratting Exemption Certificate is checked for validity. If the certificate is out of date or if any evidence of rat infestation is discovered, the master of the ship is directed to proceed at his own risk to the nearest "Approved Port" or "Designated Approved Port" for the issue of a new Deratting Exemption Certificate or for the necessary treatment for the issue of a Deratting Certificate as the case may be.

Bacteriological and pathological examination of rodents would be carried out by the Public Health Laboratory at Norwich but no specimens were submitted during the year.

Efforts are made to secure the efficient rat-proofing of ships, and particular attention is paid to foodstores, storerooms, etc.

TABLE E.

Rodents destroyed during the year :—

Category	Number			Total
	In ships from foreign ports	In coastwise ships and fishing vessels	In docks, quays, wharfs and warehouses	
Black rats	—	—	—	—
Brown rats	—	—	150	150
Species not known	—	—	—	—
Sent for examination	—	—	—	—
Infected with plague	—	—	—	—

TABLE F.

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports :—

Nil.

NO. 11 OF 1951 PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER.

1951.

Six rodent control certificates were issued under Article 3(2)(b) of the Order during the year.

These certificates are issued to coastwise vessels and are valid for four months from date of issue. The certificate states that the ship has been inspected and was free from rats and mice at the time of the inspection. If it was found necessary to treat any vessel for rats and mice in connection with the above mentioned order, trapping and poisoning would be carried out by the rodent staff employed by the department under the supervision of the Port Health Inspector.

Section XIII — INSPECTION OF SHIPS FOR NUISANCES

TABLE G.

Inspections and Notices :—

Nature and number of inspections	Notices served		Result of serving notices
	Statutory notices	*Other notices	
British ships	31	—	3 complied with
Foreign ships	200	—	6 complied with
British fishing vessels	—	—	—
Total	231	—	9 complied with

* Including oral notices

Section XIV — PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 AND 1948.

No change.

Section XV — MEDICAL INSPECTION OF ALIENS

No change.

Section XVI — MISCELLANEOUS

No change.

FOOD INSPECTION PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1937-1948

Various foods including canned meats, canned fruits, canned milk, lard, cheese, biscuits, margarine and dried milk regularly arrived from Holland and Belgium. Almost daily arrivals of fresh fruit and vegetables from Holland continued throughout the year. These foods were the subject of regular routine inspections by Public Health Inspectors and it was found that these imports were generally of high quality. Food which was surrendered as unfit was dealt with by disposal within the Corporation tip. A consignment of lard which was surrendered was disposed of by rendering down at the local tallow works. Imports commenced towards the end of the year of whole frozen egg which had been prepared in Holland. Bacteriological samples of this product were taken from consignments arriving at the port in accordance with the Liquid Egg (Pasteurisation) Regulations 1963 and were submitted to the Public Health Laboratory at Ipswich for examination. Eight such samples were taken and all passed the Alpha Amylase test prescribed by the Regulations.

Number of inspections of consignments of imported food: 200.

Samples of Imported Foods were taken during the year and submitted to Dr. E. C. Wood the Public Analyst. The following table shows the number of samples obtained together with results of analysis.

	No. submitted	Result of Analysis
Onions	3	Genuine. Free from pesticide residue.
Fresh Lettuces	3	Genuine. One sample contained 2 p.p.m. Gamma B.H.C.
French Cauliflower	1	Genuine.
Potatoes	2	Genuine. Free from pesticide residue.

Lard	1	Genuine.
Evaporated Milk	1	Genuine.
Austrian Roller Dried Milk	2	Unsatisfactory.
Cooking Oil	1	Genuine.
Chicken Fillets in Jelly	1	Genuine.
Luncheon Meat – Pork	1	Genuine.
Fresh Dutch Cucumber	1	Genuine. Free from pesticide residue.
Fresh Dutch Tomatoes	1	Genuine. Free from pesticide residue.
Imported Spanish Oranges	1	Genuine. Contained 0.8 p.p.m. Malathion.
Whole New Potatoes	1	Genuine. Free from pesticide residue.
Cauliflower Florets	1	Genuine.
South African oranges	1	Genuine. Trace of Malathion present.
Apples	1	Genuine. Free from pesticide residue.
Frozen Peas	1	Genuine. Free from pesticide residue.
Dutch Imported Carrots	1	Genuine.
Dutch Imported Whole Frozen Egg	8	All satisfactory.

Although all the pesticide samples shown in the above mentioned table were reported as being genuine three out of the fifteen samples submitted were found to contain traces of pesticide. There are, at present, no standards laid down in this country for specific amounts of permitted pesticide residues but the standards adopted by the United States of America are used as a guide and no samples submitted exceeded the limits laid down by that country.

Two samples of Austrian Roller Dried Milk were found to be deficient in milk fat. Correspondence with the importers showed that the manufacturers statement of fat content had omitted to state that the figure quoted was a percentage "on the dry matter". The statement on the packages of milk powder is to be amended in order to avoid misrepresentation.

The Report of The Principal School Medical Officer

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION AUTHORITY OF GREAT YARMOUTH

Town Hall,

Great Yarmouth.

October 1967.

MR. CHAIRMAN, LADIES and GENTLEMEN,

I have the honour to present my Annual Report on the work of the School Health Service for the year 1966.

The routine work of the department was maintained throughout the year. The school medical inspections confirmed the findings of previous years that the general health of the school children is satisfactory.

One of the functions of the service is to ascertain children who because of handicaps require special educational treatment and to arrange for it to be provided. For educationally subnormal children the provision is greatly facilitated by the special classes which have been established at several ordinary schools in the town. For other categories of handicapped pupils it has been possible to make reasonable provision except that there is sometimes considerable delay in finding places for maladjusted children in residential special schools.

The co-operation of the Governors and staff of the East Anglian School in providing services for partially hearing pupils who are attending ordinary schools in the town is a great advantage to the authority and is much appreciated. A new development during the year was the establishment of a special unit for deaf and partially hearing children who have not yet reached compulsory school age. This should prove of great value as it is most important to commence the education of these children as early as possible.

The incidence of notifiable infectious diseases among school children was low except for an outbreak of measles. There were no deaths from infectious diseases.

The amount of infestation in school was again at a level which can be regarded as close to the irreducible minimum which can be achieved with existing powers.

I take this opportunity of conveying to you, Mr. Chairman, Ladies and Gentlemen, the appreciation of the staff and myself for your continued encouragement and support during the year.

I have the honour to be,

Your obedient servant,

K. J. GRANT.

Principal School Medical Officer.

EDUCATION COMMITTEE

1966 - 1967

COUNCIL MEMBERS

Chairman :

Alderman H. D. McGEE

Members :

Alderman Mrs. K. M. ADLINGTON, J.P

Alderman E. W. APPLEGATE

Alderman L. F. BUNNEWELL

Alderman A. W. ECCLESTONE, J.P.

Alderman J. P. WINTER

Councillor E. J. BARNES

Councillor Mrs. C. BATLEY

Councillor A. W. CANNELL

Councillor O. R. HARVEY

Councillor N. J. HUKE

Councillor D. J. H. MADDEYS

Councillor L. H. B. MILLS

Councillor B. F. BURMAN

NON-COUNCIL MEMBERS

The Reverend J. T. GIBBON

Mrs. E. A. GODFREY

Mrs. D. HARBORD

The Reverend D. HOLT, B.A.

The Reverend E. McBRIDE, Ph.B.

W. RUTTER, Esq.

R. PACKARD, Esq.

STAFF OF SCHOOL HEALTH SERVICE

Principal School Medical Officer :

K. J. GRANT, O.B.E., M.A., M.B., Ch.B., D.P.H.

School Medical Officers :

R. G. NEWBERRY, M.B., B.S., D.P.H.

M. R. McCLINTOCK, M.R.C.S., L.R.C.P., M.R.C.O.G.

Principal School Dental Officer :

B. C. CLAY, L.D.S., R.C.S.

School Dental Officer :

K. L. HARRIES, L.D.S., R.F.P.S.

Dental Auxiliary :

Miss P. J. BILLITT (to 31.10.66)

Ophthalmologist (part time) :

D. K. SOUPER, M.A., M.B., B.Ch., D.O.M.S.

Consultants (East Anglian School) :

Ear, Nose and Throat—

B. ADLINGTON, M.R.C.S., L.R.C.P., F.R.C.S.

Ophthalmic—P. J. L. HUNTER, M.B., Ch.B., D.O.M.S.

Speech Therapist (part-time) :

Miss J. RUTT, L.C.S.T.

Superintendent Nursing Officer :

Miss G. C. MOORE, S.R.N., S.C.M., Queen's Nurse, H.V.cert.

School Nurses :

Miss R. WHILEY, S.R.N. (full-time)

Miss D. IRELAND, S.R.N. (full-time)

Miss M. WHITMORE, S.R.N., S.C.M., H.V.cert. (part-time)

Miss D. M. CHASE, S.R.N., S.C.M., H.V.cert. (part-time)

Mrs. B. I. EVERITT, S.R.N., S.C.M., H.V.cert. (part-time)

Miss D. K. WALTON, S.R.N., S.C.M., H.V.Cert. (part-time)

Mrs. T. WRIGHT, S.R.N., S.C.M., H.V.Cert. (part-time)

Mrs. P. YATES, S.R.N., S.C.M., H.V.Cert. (part-time) (to 30.9.66)

Chief Clerk : A. G. SHOOBRIDGE

Senior Clerk : L. C. BANHAM

Clinic Clerk : Miss E. COOPER

Dental Surgery Assistants :

Miss B. BOYES

Mrs. E. J. GEORGE

Miss D. HUDSON

POPULATION AND SCHOOL ATTENDANCE

The Registrar-General's estimate of the mid-year population of the town was 52,420 which is 280 less than the figure last year.

The number of pupils on the registers in January 1966 was 8604 a decrease of 87 from the previous year's total.

The total number of pupils on the school registers in January of each year since 1957 was as follows :—

1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
9209	9174	9289	9268	9226	9002	8757	8734	8691	8604

Average numbers on books and average attendance for the year ended 31st March 1966 —

PRIMARY SCHOOLS

	Total Accommodation	Average on Registers	Average Attendance	Average Per cent
<i>Infants :</i>				
Stradbroke	200	205	176	86
Peterhouse	280	299	266	89
Herman	240	235	209	89
Church Road	160	115	100	87
Wroughton*	310	293	267	91
Edward Worlledge	80	87	75	86
Cobholm*	150	135	121	89
Greenacre	240	105	88	84
St. George's	200	146	129	88
Northgate/St. Andrew	160	160	146	91
Alderman Swindell	280	191	167	87
	2300	1971	1744	88

* including Nursery Class (30)

	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Juniors :</i>				
Stradbroke	400	319	292	92
Peterhouse	480	440	408	93
Herman	320	367	339	92
Wroughton*	500	450	415	92
Edward Worlledge	280	207	190	92
Greenacre	240	200	182	91
Nelson	240	152	140	92
North Denes*	360	253	238	94
	2820	2388	2204	92

* including use of converted changing rooms.

SECONDARY SCHOOLS

Alderman Leach	480	370	333	90
Claydon	360	383	354	89
Cliff Park	420	402	376	94
Greenacre	480	230	207	89
Styles	330	309	277	90
Hospital	480	308	273	89
Grammar	540	496	457	92
High	540	467	428	92
Technical	680	647	601	93
	4310	3612	3306	92

VOLUNTARY SCHOOLS

St. Nicholas Junior	320	302	282	93
St. Mary's R.C.				
Junior	120	100	91	91
Infants	80	49	43	89
St. Edmunds				
Sec. Mod.	150	149	133	89
	670	600	549	92

SCHOOL MEDICAL INSPECTION

Pupils are medically examined on at least three occasions during their school life. Inspections are normally carried out soon after the child starts in the infant school, before he or she leaves the junior school and finally before leaving school to seek employment. These regular examinations are described in the table below as the periodic medical inspection of entrants, intermediates and secondary leavers respectively. In a certain number of cases the school doctor may feel that it is desirable for a child who has attended a routine medical inspection to have a further examination at a later date. These re-inspections may be conducted at the school or clinic. Children not due for periodic inspection may have "special inspections" at the request of the parents, teachers or school nurses.

Vision testing is carried out as early as is practicable, usually at about the age of $5\frac{1}{2}$ years, and re-testing occurs at suitable intervals of time. Colour vision tests are given to both boys and girls at the intermediate examination and when a defect is found the parent or child is informed of the occupations which require normal colour vision.

The following tables provide statistical information on the inspections and the findings which resulted from them.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS AND SPECIAL SCHOOLS

Periodic Medical Inspections

Number of inspections in the prescribed groups :—

Entrants	...	...	574
Intermediates	...	...	684
Secondary leavers	...	...	721
Total	...	...	1979

Other Inspections

Special inspections	...	...	277
Re-inspections	...	...	174
Total	...	...	451

Pupils found to require treatment

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin) :—

Age Groups Inspected by year of birth	For defective Vision	For any other conditions	Total individual pupils
1962 and later	7	15	19
1961	11	26	28
1960	—	9	9
1959	—	—	—
1958	1	—	1
1957	1	—	1
1956	—	—	—
1955	84	46	115
1954	39	18	54
1953	—	—	—
1952	1	—	1
1951 and earlier	153	22	165
Totals	297	136	393

Findings at School Medical Inspections

Defect or disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin	32	2	—	1
Eyes :—				
Vision	297	167	13	—
Squint	36	6	1	—
Other	6	—	2	—
Ears :—				
Hearing	1	1	8	3
Otitis Media	5	5	—	—
Other	2	—	—	—
Nose and Throat	10	5	—	—
Speech	8	4	1	—
Lymphatic glands	—	—	1	—
Heart	1	4	—	1
Lungs	14	8	1	—
Developmental :—				
Hernia	—	4	—	—
Other	3	12	—	1
Orthopædic				
Posture	1	—	—	—
Feet	3	11	—	—
Other	6	18	—	2
Nervous system :—				
Epilepsy	2	—	1	—
Other	2	8	1	—
Psychological :—				
Development	—	8	—	1
Stability	—	9	2	2
Abdomen	3	3	—	—
Other	1	3	2	—

Attendance of Parents

Parents are invited to be present at the inspections at appointed times in order to avoid unnecessary waiting. Attendance of parents followed the usual trend of being high for the entrants, slightly lower for the intermediate examinations and much lower for the leavers. The following table shows the percentages of attendances for the last ten years.

	Parents attending the examination %									
	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Entrants	95	98	97	87	95	92	97	94	95	99
Intermediate	87	88	85	84	83	81	70	83	79	79
Leavers	36	31	34	27	31	34	21	16	16	17

Physical condition of pupils inspected

When the School Medical Officer has finished his examination of the child at the medical inspection, he is asked to record his opinion about the child's physical condition. Following the recommendation of the Ministry of Education the health of the child is described as either "satisfactory" or "unsatisfactory". It should be remembered that this assessment is based on the clinical opinion of the Medical Officer and that there is no absolute standard.

It is pleasing to note that the trend towards more physically satisfactory pupils, which has been evident for the last ten years, has continued and for the second year it can be recorded that no pupil attending a school in the Borough was assessed as unsatisfactory.

Year (1)	No. of pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1966	1979	1979	100.0	—	—
1965	2301	2301	100.0	—	—
1964	2371	2362	99.6	9	0.4
1963	2090	2085	99.8	5	0.2
1962	1852	1847	99.7	5	0.3
1961	2318	2303	99.4	15	0.6
1960	1978	1967	99.4	11	0.6
1959	2454	2442	99.5	12	0.5
1958	2308	2300	99.7	8	0.3
1957	2465	2429	98.5	36	1.5
1956	2213	2158	98.0	55	2.0

Hearing Defects

Pupils suspected of suffering from hearing defects may be detected at school medical inspection or, more commonly, be referred by Teachers or Parents, who have the children for longer periods of observation. They are all tested on a pure tone audiometer to assess the degree of hearing loss. The Medical Officer responsible for this service also works

in close collaboration with the Speech Therapist, and cases are referred from the latter in order to eliminate the possibility of the fault in speech being due to a hearing defect.

During the year twelve children received audiometric tests and of these nine were new cases, and three were re-examinations. None required referral to the Hospital Consultant, but one was referred to the child's general practitioner. Three were kept under observation, and eight were found to require no treatment.

HEIGHTS AND WEIGHTS

The following tables show the averages of heights and weights of children between certain ages examined at the three routine medical inspections. The figures for 1966 and some previous years are included in the tables.

A. Girls

Age Group	Year	No. in Group	Average Age	Average Height	Average Weight
$5\frac{1}{2}$ -6 yrs.	1966	36	5 7/12	42.9 ins.	42.4 lbs.
	1965	43	5 8/12	43.2 ins.	45.0 lbs.
	1964	45	5 8/12	42.1 ins.	43.1 lbs.
	1963	48	5 8/12	43.5 ins.	43.6 lbs.
	1962	80	5 8/12	43.9 ins.	44.8 lbs.
11-11 $\frac{1}{2}$ yrs.	1966	194	11 3/12	56.4 ins.	81.5 lbs.
	1965	209	11 3/12	56.9 ins.	84.4 lbs.
	1964	155	11 3/12	56.3 ins.	83.7 lbs.
	1963	128	11 3/12	56.6 ins.	81.1 lbs.
	1962	65	11 3/12	56.1 ins.	78.8 lbs.
$14\frac{1}{4}$ - $14\frac{3}{4}$ yrs.	1966	63	14 7/12	62.1 ins.	114.6 lbs.
	1965	87	14 7/12	62.4 ins.	115.5 lbs.
	1964	96	14 7/12	62.7 ins.	116.2 lbs.
	1963	94	14 7/12	61.8 ins.	118.7 lbs.
	1962	131	14 6/12	61.9 ins.	114.2 lbs.

B. Boys

Age Group	Year	No. in Group	Average Age	Average Height	Average Weight
$5\frac{1}{2}$ -6 yrs.	1966	42	5 8/12	44.2 ins.	44.8 lbs.
	1965	43	5 8/12	44.0 ins.	45.4 lbs.
	1964	48	5 8/12	43.4 ins.	46.1 lbs.
	1963	60	5 8/12	44.2 ins.	45.9 lbs.
	1962	81	5 8/12	43.9 ins.	44.8 lbs.
11-11 $\frac{1}{2}$ yrs.	1966	194	11 3/12	56.8 ins.	82.6 lbs.
	1965	202	11 3/12	55.9 ins.	80.1 lbs.
	1964	212	11 3/12	56.4 ins.	82.3 lbs.
	1963	128	11 3/12	56.0 ins.	80.1 lbs.
	1962	53	11 3/12	56.3 ins.	78.9 lbs.
$14\frac{1}{4}$ - $14\frac{3}{4}$ yrs.	1966	54	14 7/12	64.4 ins.	118.8 lbs.
	1965	61	14 8/12	64.2 ins.	118.9 lbs.
	1964	110	14 8/12	64.5 ins.	121.7 lbs.
	1963	107	14 7/12	63.8 ins.	117.6 lbs.
	1962	189	14 6/12	63.9 ins.	115.5 lbs.

TREATMENT

There are two school clinics in the Borough, one in Greyfriars Way, Great Yarmouth, and the other in Trafalgar Road East, Gorleston-on-Sea. Clinic sessions are held on each school day at the Yarmouth Clinic and on alternate days during the holidays. At the Gorleston Clinic the sessions are held every day unless the School Nurse is at a school. There are, however, always three sessions a week on alternate days, and where necessary a child can be seen on any day by prior arrangement with the Clinic. A doctor is in attendance once weekly at both Clinics and at other times the sessions are held under the direction of a Health Visitor or School Nurse.

These Clinics are primarily for the treatment of minor ailments and skin diseases such as cuts, abrasions, septic spots and warts. Some general practitioners refer their patients to the Clinics for the treatment of such conditions.

The Clinic sessions are also used for the special inspection of children referred by parents or head teachers and for the re-inspection of children in whom defects were discovered at a previous inspection.

The number of attendances at the Clinics for all purposes except errors of refraction for each of the past four years was as follows:—

	1966	1965	1964	1963
Great Yarmouth	1055	1039	1163	1395
Gorleston	972	1488	1947	1548
	—	—	—	—
	2027	2527	3110	2943
	—	—	—	—

DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

The treatment of minor skin disorders continued to form a large part of the work among school children, and a total of 316 children were known to have been dealt with compared to 435 last year. Of these cases, 85 were treated at hospital and 231 at the Clinics. Warts either on the hands or on the feet formed the majority of skin conditions seen, and 92 cases were treated. Other conditions included 7 cases of impetigo. There were two cases of scabies.

Year	1966	1965	1964	1963	1962
Cases	316	435	446	341	320

EYE DISEASES, DEFECTIVE VISION AND SQUINT

Mild degrees of conjunctivitis, blepharitis and other simple conditions were treated at the Minor Ailment Clinic and 27 cases attended during the year, more serious cases being referred to hospital.

Ophthalmic clinics for testing vision were held every Tuesday, and if the numbers justified it, extra clinics were held on Fridays. The numbers of children attending remained much the same as in previous years, 480 attending the clinic and a further 248 being dealt with at hospital.

The following table summarises the work done :—

	Number of cases known to have been dealt with
Diseases or other defects of the eye, excluding errors of refraction and squint	63
Errors of refraction including squint	728
Total	791
Number of pupils for whom spectacles were prescribed	361

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

The number of children treated at the clinics for diseases of the ear, nose and throat was 9 compared to 17 last year. The number who received operative treatment at the hospital for tonsils and adenoids was 183 compared with 171 last year.

Number of cases known to
have been dealt with

Received operative treatment:—

for diseases of the ear	5
for adenoids and chronic tonsilitis	183
for other nose and throat conditions	22
Received other forms of treatment	16

Total	226
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ORTHOPAEDIC AND POSTURAL DEFECTS

There are no arrangements for specialist orthopaedic treatment made by the Authority. Any child found to require treatment is referred to the out-patient clinic at the local hospital.

The number of children known to have been treated at the out-patient department was 391 compared with 327 last year.

CHILD GUIDANCE

The Child Guidance Clinic is provided by the hospital authorities and is held on Wednesday morning each week at Northgate Hospital.

There were 27 clinic sessions held during the course of the year. Of the 75 patients attending, 23 were patients who had not previously attended the clinic, and 52 were cases being followed up. The sessions were held by Dr. I. N. S. Heald, Consultant Psychiatrist, Little Plumstead Hospital.

SPEECH THERAPY

There was no change in the arrangements for speech therapy. The therapist held two sessions per week at the clinics and also visited schools as required to discuss cases with teachers.

The following is a statistical summary of the work at the speech clinics :—

	Yarmouth	Gorleston	Total
Cases treated	24	32	56
Attendances	264	436	700
New Cases	12	5	17
Discharged	3	7	10
Left area	1	1	2
Left school	—	1	1
Defects treated :			
Stammering	7	6	13
Retarded speech development	1	5	6
Dyslalia	14	15	29
Deaf speech	2	4	6
Cleft Palate	—	1	1
Cerebral Palsy	—	1	1

ENURESIS

Enuresis or bedwetting is a distressing complaint for which children are often referred to either the school doctor or the general practitioner. In cases which are resistant to advice and simple medication, enuresis alarms are available on loan from the department. They have proved to be generally successful in operation, and are now issued to children at the request of general practitioners, the Child Guidance Clinic, and the physician in charge of the Children's Department at the Hospital, as well as on the advice of the school doctors.

To date, alarms have been issued 58 times, with complete success on 30 occasions (51.7%); patient much improved on 6 (10.35%); no success at all on 18 occasions (31.0%) and in 4 cases (6.9%) no information was available as to the result of using the alarm.

HANDICAPPED PUPILS

ASCERTAINMENT AND DISPOSAL.

During the year the following handicapped pupils were newly ascertained as requiring special educational treatment :—

Physically Handicapped	1
Delicate	1
Educationally subnormal	13
Maladjusted	3

For these and six others previously ascertained the disposal was as follows :—

Admitted to special residential schools or hostels	1 Partially sighted pupil. 1 Partially hearing (as a day pupil). 1 Physically handicapped pupil. 1 Maladjusted pupil. 2 Educationally subnormal pupils.
Admitted to special classes in ordinary schools	11 Educationally subnormal pupils.
Awaiting places in residential schools or hostels	5 Maladjusted pupils. 2 Educationally subnormal pupils.

At the end of the year there were 107 pupils on the handicapped pupils register. The position may be summarised as follows :—

Blind	Nil.
Partially sighted	5—3 at residential special school. 2 at ordinary schools.
Deaf	2 at residential special school.
Partially hearing	14—1 at special school as day pupil. 10 having special educational facilities at ordinary schools. 3 pre-school children visited by peripatetic teacher.
Physically Handicapped	9—5 in residential special schools. 4 having special educational facilities at ordinary schools.
Delicate	3—2 at residential special schools. 1 awaiting a vacancy.
Maladjusted	14—9 in residential special schools or hostels. 5 in ordinary schools (4 awaiting a vacancy, 1 withdrawn by parents from special school).
Educationally Subnormal	60—6 in residential special schools. 54 in special classes in ordinary schools including 2 awaiting vacancies in residential special school.

LOCAL PROVISION FOR HANDICAPPED CHILDREN

The 1964 report contained a general review of the problems of the handicapped child and of the means which had been adopted locally for dealing with them. It is only necessary this year to refer to the following aspect.

Partially Hearing.

In 1964 a Peripatetic Teaching service for the Partially Hearing was started, based on the East Anglian special school. One of the teachers there was employed by this authority on a part-time basis and undertook the responsibility for the general supervision of children in the town classified as partially hearing. This work includes visiting the various schools which the children attend, holding special sessions with the children for the purposes of auditory or speech training, and visiting the homes of the children to advise on any particular difficulties which may be present there. When recommended by the Consultant Otologist, commercial hearing aids are provided and maintained by the authority.

There are now nine speech trainers in use in the Borough. All those children recommended by the Ear, Nose and Throat Consultant as requiring a speech trainer have now the sole use of an instrument. In addition, five of the younger children have been provided with a second microphone to help further the development of acquired speech.

For children with defective hearing the earlier auditory and speech training are started the better is the ultimate outlook. Early and accurate diagnosis is, therefore, most important and with this in mind a special day unit was opened at the East Anglian School for pre-school children with little or no naturally acquired speech. The unit serves both diagnostic and teaching purposes with special emphasis on speech training. Children from adjoining county areas attend as well as local children.

It is hoped to equip the unit with a Free Field Audiometer to replace the simpler methods of diagnosis which sometimes give misleading results. It will also eliminate the wearing of headphones which are necessary with the existing audiometer and which are sometimes not well tolerated by the very young.

VACCINATION AND IMMUNISATION

It is possible to protect the schoolchild against a range of diseases which in former years might have caused death or a disability. These include smallpox, diphtheria, whooping cough, tetanus, tuberculosis and poliomyelitis. The School Health Service has concentrated most of its attention against diphtheria, tuberculosis and poliomyelitis, although protection against the other diseases is readily available at the local health authority clinics.

DIPHTHERIA

The following table shows the number of children of school age who were immunised in this year and the previous three years.

	1966	1965	1964	1963
First immunisation	32	34	18	24
“Booster” doses	269	641	386	467

TUBERCULOSIS

B.C.G. vaccination is offered to all schoolchildren of thirteen years of age and upwards and to all students attending establishments of further education.

The use of a "Dermajet" for the administration of the vaccine this year enabled sessions to be completed in a shorter time and thus resulted in less interference with the ordinary school routine. Further this painless method of vaccination was greatly appreciated by the pupils.

At the end of the year 684 children had had preliminary skin tests and 645 had been vaccinated. All the pupils who were found to have positive skin reactions were referred to the Chest Clinic, but none was found to have active tuberculosis. The department would like to record its appreciation of the assistance given by Heads of Schools in providing facilities for the B.C.G. teams who visit the schools.

POLIOMYELITIS

The report on poliomyelitis vaccination in the town is contained in the report of the Medical Officer of Health. In relation to schools it is to be recorded that every child entering a primary school is offered a fourth dose of polio vaccine, or a complete course if he has not been previously vaccinated. In all 424 children received their fourth dose of vaccine.

TETANUS

Tetanus immunisation is available for schoolchildren and a combined diphtheria-tetanus antigen is used as a "booster" dose for children who had previously been immunised against both diseases. A small but significant number of parents are now requesting immunisation against tetanus for those children who, by virtue of age, did not receive this immunisation in the form of "Triple Antigen".

INFECTIOUS DISEASES

The following table shows the number of notified cases of infectious diseases in children of school age during 1966 and also in the four previous years.

	1962	1963	1964	1965	1966
Scarlet fever	—	—	17	1	8
Diphtheria	—	—	—	—	—
Measles	256	99	77	436	24
Whooping cough	6	6	5	—	2
Pneumonia	—	—	—	—	—
Poliomyelitis	—	—	—	—	—
Dysentery	2	—	—	—	6
Encephalitis	—	—	—	—	—
Food poisoning	—	1	—	—	—
Tuberculosis, respiratory	—	1	—	—	—
Tuberculosis, other	—	—	—	—	—
Jaundice	20	—	3	11	6

The general incidence of infectious diseases as indicated by the notified cases was again satisfactorily low. There were no cases of Tuberculosis for the third successive year. Diphtheria and Poliomyelitis were absent as a result of the high level of immunisation and whooping cough figures were low for the same reason.

DEATHS OF SCHOOLCHILDREN

Three deaths occurred of children of school age. Two were due to congenital heart defects, and one was due to an acute virus infection.

INFESTATION WITH VERMIN

The arrangements for conducting the periodic surveys for infestation were continued as in the previous year. Where infestation was detected the children were excluded from school and suitable medicaments were supplied by the Minor Ailments Clinics. Since many cases of infestation and re-infestation are produced by home contact with an infested older person, the close co-operation between school nurse and parents remains essential. To this end the issuing of the notices was discontinued, the nurses finding that the informal friendly approach to the parents proved to be more effective.

The following is a statistical survey of the work :—

Total number of examinations in the school by school nurses or other authorised persons	... 11,894
Total number of individual pupils found to be infested	85

The following table shows, over the past 8 years, the number of children and percentage of the school population found to be infested.

1959	140	1.5%
1960	134	1.4%
1961	87	0.9%
1962	103	1.1%
1963	85	0.9%
1964	166	1.9%
1965	99	1.1%
1966	85	0.9%

SCHOOL DENTAL SERVICE

B. C. CLAY, L.D.S., R.C.S., *Principal School Dental Officer*

The Principal School Dental Officer reports as follows :—

All schools in the Borough had at least one dental inspection and some had two. This is an improvement on previous years and is probably partly the cause of the significant drop in the number of permanent teeth extracted. Dental health education carried out in schools by the Dental Auxiliary may also have contributed and it is unfortunate that her resignation during the year will diminish this valuable work. The Principal School Dental Officer attended a conference on dental health and publicity organised by the General Dental Council at which advertising experts advised on methods of dental health education for adults and children.

As noted in last year's report, a considerable number of children from schools on the Magdalen Estate have had treatment carried out by general dental practitioners. In a recent survey of almost a thousand children in two schools only 28.2% needed to be offered treatment. A further 40% were found to be defective but were obviously undergoing treatment. The remaining 31.8% were dentally fit. The rate of acceptance among those offered treatment was about 50%, very little below the figure for the rest of the Borough.

The Department of Education and Science tables which are quoted below summarize the work of the service.

Attendances and Treatment.

First visits	...	...	...	2395
Subsequent visits	...	...	...	2559
Total visits	...	...	...	4954
Additional courses of treatment commenced	...	...	...	466
Fillings in permanent teeth	...	...	...	3826
Fillings in deciduous teeth	...	...	...	1329
Permanent teeth filled	...	...	...	3171
Deciduous teeth filled	...	...	...	1185
Permanent teeth extracted	...	...	...	372
Deciduous teeth extracted	...	...	...	1359
General anaesthetics	...	...	...	612
Emergencies	...	...	...	125
Number of pupils X-rayed	...	...	...	139
Prophylaxis	...	...	...	357
Teeth otherwise conserved	...	...	...	444
Teeth root filled	...	...	...	9
Inlays	...	...	...	2
Crowns	...	...	...	6
Courses of treatment completed	...	...	...	2340

Orthodontics.

Cases remaining from previous year	...	...	69
New cases commenced during year	...	...	45
Cases completed during the year	...	...	46
Number of removable appliances fitted	...	...	105
Number of fixed appliances fitted	...	...	—
Pupils referred to Hospital Consultant	...	...	—
Cases discontinued during the year	...	...	2

Prosthetics.

Pupils supplied with full upper or full lower dentures	...	...	3
Pupils supplied with other dentures	...	...	14
Number of dentures supplied	...	...	21

Inspections.

First inspection at school	...	...	8078
First inspection at Clinic	...	...	1608
Number found to require treatment	...	...	4694
Number offered treatment	...	...	4159
Number re-inspected at school clinic	...	...	1496
Number found to require treatment	...	...	829

PROVISION OF MILK AND MEALS

MILK

Milk in one third pint bottles was available free of cost to all pupils in maintained and independent schools. The percentage of pupils who accepted school milk was 76% which compares with 82% last year. The percentages in different schools vary from 41 to 100 the lowest being in the senior schools which, over the last ten years, averaged only 40%. This figure is relevant to current discussions on whether this dietary supplement is now necessary in senior schools.

MEALS

Mid-day meals were available for all pupils in maintained schools. The 33 dining centres were supplied from eleven kitchens. The following table summarises the position for the financial year 1965-66 with figures for comparison for the two previous years.

	1963-64	1964-65	1965-66
Total number of meals provided	772,114	835,527	859,890
Number at maintained schools	738,554	798,004	821,337
Percentage of children having meals	48.13%	47.64%	50.05%
Daily average number of free meals	692	671	648
Daily average number of meals on payment	3,367	3,681	3,799
Total daily averages	4,059	4,352	4,447

EMPLOYMENT OF SCHOOLCHILDREN

As a requirement of the Byelaws of the Borough and of the Children and Young Persons Act 1933, children who are of school age and who undertake part-time work must obtain a permit from the Local Education Authority. This permit is dependent upon the granting of a certificate which states whether or not, in the opinion of the school medical officer, the particular form of employment will be detrimental to the child's health and his or her capacity for receiving education. Where considered necessary a medical examination is carried out.

The amount of work done by the department in this respect varies with the time of the year. The number of children making applications for a permit rises rapidly with the advent of the summer season, both for children taking part-time employment in shops and for those engaged in certain public entertainments. All pupils appearing in public entertainments are medically examined. Two hundred and nineteen children (including 39 for entertainment) were issued with certificates by the school medical officers during 1966.

YOUTH EMPLOYMENT

Confidential medical reports on both boys and girls when they leave school provide the Youth Employment Officer with information intended to help him to avoid placing children in employment for which they may be unsuitable. In addition to this function every local education authority must supply particulars of the school medical records and any other information which may be required by appointed factory doctors for their confidential use but in practise little use is made of this provision.

MEDICAL EXAMINATION OF TEACHERS

Medical examination of persons entering training colleges or the teaching profession were made in accordance with Ministry of Education circular 249 of 1952.

Forty three candidates for training colleges were examined during the year and 38 practising teachers were examined as to their fitness for employment by this authority.

SCHOOL HYGIENE

FOOD HYGIENE.

No cases of food poisoning or other infectious disease associated with the school meals service were reported.

In view of the high standard of kitchens and of the shortage of staff, routine inspections were omitted this year, but the Public Health Inspectors visited schools on request to inspect questionable food-stuffs. A few items were condemned but they represented only a very small proportion of the food supplied to the service.

SCHOOL MILK.

The milk was again supplied from dairies situated in the Borough in which the normal routine inspection and sampling was carried out by the health department. Twelve samples of school milk were submitted to the Public Health Laboratory for bacteriological examination and all passed the tests prescribed by the Milk and Dairies Regulations. Eight samples of school milk were submitted to the Public Analyst for chemical analysis and all were reported as genuine except one in which a small amount of added water was found. Investigations were carried out at the source but it was not possible to discover the cause of the added water being present. Follow-up samples were taken and were reported to be genuine. Four of these chemical samples were also tested for the presence of antibiotics and were found to be negative. Seven complaints were received concerning unclean bottles or bottles containing foreign bodies, the commonest being an old metal foil cap which had not been removed

during the normal process of cleansing. The Public Health Committee authorised legal proceedings to be taken against one dairyman for failing to ensure that the bottle was thoroughly clean before being filled wth milk, as required by the Milk and Dairies Regulations, but the case failed on a technical point in connection with the proof of delivery to the school.

SCHOOL SANITATION.

It was not possible to carry out routine inspections of the school buildings, owing to the shortage of qualified staff.

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